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Vol. XI No. 3

THE Public Health Nurse

MARCH, 1919

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THE PROPERTY OF
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The
Public Health Nurse

VOL. XI MARCH 1919 NO. 3

EDITORIAL

MEMBERS ONE OF ANOTHER

In this issue of our magazine we publish an article having to do with an unusual and interesting form of public health nursing organization in a rural neighborhood. The plan of combination service instituted by certain villages on Cape Cod has many points of interest; but one fact in particular attracts our attention, and that is, that in order to bring about the desired grouping of villages to be served by one nursing association it was necessary, for geographical reasons, in order that the whole district might be reached, to remove the headquarters from the village where it had already been established for nearly two years, and center it in the locality where the new work was to be commenced. The members of the established association were broad-minded enough to make the sacrifice, and as a result the needs of a much larger area are now being met and, in place of one nurse in the field, there are three nurses, a supervisor and two assistants.

We are all very apt to allow our own needs and the demands of our own particular piece of work to assume so important a place in our minds as greatly to obscure the claims of others. The ability to see a broad perspective and so to work and plan for the good of the whole field, rather than for one corner of it, is a rare and precious gift. It is necessary, of course, that we should each watch and protect the work for the welfare of which we ourselves may be chiefly responsible; but since the greater must needs include the less, loyalty to the whole broad plan can never entail disloyalty to any part of it; it may entail much self-renunciation, as in the case of the Cape Cod association—but in the complete development even the part which has sacrificed the most must ultimately be the gainer by that which has strengthened the whole.

At the present time, when the value of public health nursing service is becoming recognized throughout the country, we find ourselves face to face with the problem of how to meet the demand for trained workers who will not disappoint the high hopes that have been stimulated by the faithful efforts of those who have built up, stone by stone, the foundations of the public health nursing profession. There have come to us recently many warnings of the harm which is likely to be caused through the use of workers untrained for this particular field. While the National Organization for Public Health Nursing is straining every nerve to stimulate the preparation of graduate nurses for public health work, the supply of well-equipped women must, for some time to come, be so far below the demand that every effort must needs be made to conserve those who are available and make their knowledge count in the most far-reaching and economic way possible.

A nurse of limited public health training and experience may do very good work under the direction of an experienced supervisor; but her attempts to struggle unaided with the difficulties of a new piece of work may very well result in the failure and ultimate abandonment of an effort which has been launched with faith and enthusiasm and which, under more skilful leadership, might have realized all that was hoped of it. It is very necessary, therefore, that all those who contemplate the commencement of public health nursing in any community should make careful inquiry as to what organizations may be already existent in the neighborhood, in order to discover whether it may not be possible, through some form of coöperation, to avail themselves of the experience, at least in a supervisory capacity, of a public health nurse whose training is

sufficient to insure that the foundations of the work will be well and truly laid and that the many difficulties which must inevitably arise may be met with a good judgment founded upon knowledge.

But if this is the duty of those who are desirous of initiating public health nursing, there is also an obligation laid upon those whose work is already established to give up some of their own experienced workers to go forth into less favored communities and place their skill at the service of those who, otherwise, must be left to strive and often to fall down beneath their difficulties. We know that some of our large associations have been most generous in this respect. To take one instance, in our "Notes from the Field" in this issue of THE PUBLIC HEALTH NURSE we publish some statistics of the Chicago Visiting Nurse Association. These statistics show that during the past seven years the association has given 77 nurses to other public health nursing positions, 10 to become superintendents, 5 to become supervisors, 3 to become instructors, 31 to become community nurses and 16 to do industrial nursing. In addition to this, 42 members of the staff have been released for active Red Cross, army and navy service.

When one pauses to think what such a record as this represents —how many communities have been benefitted by the experience and skill of the superintendent and supervisors of the association which sent forth these workers—it surely seems worth the sacrifice of time and effort, and perhaps even of some efficiency, which it has entailed upon the center which was willing to give this training and then unselfishly to pass on its fruits to others.

And, finally, there must be self-sacrifice on the part of the individual nurse. It requires often the truest kind of self-devotion to leave behind the advantages—educational, social and many others—which are found in a large city and as a member of a well-organized staff with authority and prestige behind it, and to go out into a new community, amongst strangers, to grapple in some cases almost single-handed, perhaps, with the exigencies of a new and untried field. It needs courage and determination on the part of the individual nurse, backed by a spirit and tradition of broad-minded unselfishness on the part of the organization to which she belongs, if the needs of our smaller, more distant and less attractive communities are to be met.

We have all thrilled to the story of regiments that have stepped forth as one man at their officer's call for volunteers for a particularly dangerous or arduous service; but we must remember that

such heroism is not born of accident, but of training, discipline, example—it is the *tradition* of the regiment to be in the fore-front of the fight, and therefore no man will disgrace it, or himself by holding back, no matter how hard the duty which may be demanded of him.

THE NICKELS HELP!

When a drive to raise $2,000.00 for the Visiting Nurse Association of Great Barrington, Mass., was being held last June, an old man was asked if he would contribute. He said that he could not—there were so many calls, he was not well, etc. The solicitor said, "Won't you give me five cents?" He said, "What good would a nickle do?" The reply was, "It will pay the nurse's car fare to care for at least one person." "Well, I guess then I can spare you a nickel," was the reply, and he did.

A little girl five years old asked her mother to take a quarter from her savings bank and give it; the nurse had given her service in that home, and the little child appreciated what it meant.

A DISCUSSION ON THE TRAINING AND USE OF ATTENDANTS

EDITOR'S FOREWORD

We have been asked to give space in THE PUBLIC HEALTH NURSE to a thorough discussion of the question of the training and use of attendants and other nurse assistants. The subject is one which is engrossing much time and attention just at present, and we are most anxious to make available to our readers all the practical and helpful facts and suggestions that experience either in the use or training of attendants may make available.

We shall be very glad to receive contributions to this discussion during the next few months from all those who feel that they have any light to throw on the subject; such contributions may be in the form of either letters or papers, and may be long or short, according to the amount of data that they may have to offer.

The President of our National Organization has kindly consented to open the discussion in this issue, and her contribution is published below.

THE ATTENDANT AS AN ASSISTANT TO PUBLIC HEALTH NURSES

By MARY BEARD

During the years of the war and especially during the influenza epidemic and since that time, public health nurses have been making use of the assistance of untrained or partly trained women. Such assistance has been very real in many instances, and in others difficult, dangerous, and really hurtful to the work of the Public Health Nurse. Particularly where the care of helpless persons is involved is it difficult to deal with a group of untrained workers who have no recogntion in the community, and who, therefore, have no group loyalty such as comes so often to the help of graduate nurses and of doctors in good standing.

Boston is one of several cities in which the District Nursing Association is struggling with difficulties in the employment of partly trained assistants to the public health nurses. A joint legislative committee has been formed in Massachusetts in order to work for a bill in the present legislature which will be the first step toward standardizing the work of attendants. This bill to license attendants

is incorporated in the act to amend the law relative to the registration of nurses. Briefly, this bill would make it impossible for anyone nursing the sick for pay, in Massachusetts, to do so without having become either a registered nurse or a licensed attendant. An amendment to our present act governing the registration of nurses provides: that any person applying for registration shall be a graduate of a school for nurses approved by the Board of Registration of Nurses. The Attendant clause and this amendment are contained in this same act. If this bill becomes a law it will be possible, for cause, to revoke the license of an attendant, and in that way to gain a certain limited control over the practice of attendants and so to begin to build up a sense of the dignity of caring for the sick whether one is licensed as an attendant or registered as a nurse. Following such legislation must of course come that of a training for the attendant and of her supervision by competent persons.

We have felt in Massachusetts that these steps must come one at a time. The type of education desirable and practical for a nurse's assistant to receive is a question not easily settled. A joint Committee of the League for Nursing Education and the National Organization for Public Health Nursing is working upon this subject and we hope in a few months to know better what we all want as training for attendants.

We have found in Boston that the young woman who has had the home nursing course given by the Red Cross and has added to that some hospital experience makes a very acceptable type of assistant to a public health nurse. One reason for her success seems to be that many of the young women who have taken the Red Cross course are well educated women to begin with and may be expected to use discrimination and to possess discretion. I knew of one instance of a woman of limited education who had done successful so-called "practical nursing" for private doctors for a number of years. She was engaged by a Visiting Nurse Association and ordered for a patient (on her own account) a dose of salts, which the doctor felt had a very serious effect upon the condition of the patient. This woman, when the matter was discussed with her, was unable, in all sincerity, to see that she had done anything that was undesirable. All the doctors for whom she had ever worked, she said, had wanted her to use her own judgment in such simple matters as this.

Even if we had gone so far as to license all those persons, other than nurses, who care for the sick for pay, and had decided upon a satisfactory plan of education for them, it is still true that public

health nurses have much to determine in assigning proper duties to these partly trained assistants. They are valuable in assisting in the clerical work of the stations, but anyone else might be valuable in that way. They are valuable in making visits with a public health nurse and doing what she tells them to do under her immediate supervision. They should be valuable in taking children to hospitals. They are, we know, invaluable in many homes where they may be placed for all day or all night duty.

We very much hope that the headquarters of our magazine will be deluged with matter so that we may have a discussion of the difficulties and advantages of using practical nurses in public health nursing work.

A STUDY OF PRE-SCHOOL CHILDREN IN THE MOHAWK-BRIGHTON SOCIAL UNIT DISTRICT CINCINNATI, OHIO

By ABBIE ROBERTS
Executive, Nursing Council, Mohawk-Brighton Social Unit Organization

"What made them weigh and measure us?" asked Baby-on-Parade.
"To make you better babies thus," the Ranking Baby said.
"What will they do to keep us so?" asked Baby-on-Parade.
"They don't quite know, they don't quite know," the Ranking Baby said,
"But you'll all be better babies in the morning."

CHORUS

"For they've got us weighed and measured, spotted every adenoid;
Surveyed our tongues and tonsils, no test might we avoid.
And if they fail to keep us fit we've right to be annoyed;
For they'll *need* us better babies in the morning."

—Ruth T. Neely.

The National Social Unit Organization was created in April, 1916, for the purpose of making an experiment in democratic community organization in some typical city neighborhood in the United States. The city of Cincinnati was chosen because of the great interest in the idea shown by Cincinnati people and also because of her pledges of whole-hearted coöperation in the undertaking. After considerable competition on the part of neighborhoods, the Mohawk-Brighton District was selected and the Mohawk-Brighton Social Unit Organization perfected.* This district is composed of

*Bulletins describing the National, City and District Organizations may be obtained upon application to the Social Unit Organization, 1820 Freeman Avenue, Cincinnati, Ohio.

about 15,000 people living in an area covering 31 city blocks. The district is fairly typical of the average industrial section of any large city.

The inauguration of the Children's Year on April 6th last, found the community well organized and therefore unusually well equipped to carry out an adequate program to protect the health of its children. Each block in the district had elected a block council of 7 or 9 members from among the residents of the block and the Council had in turn elected a block worker, who not only performed certain neighborhood services, but represented her block on the Citizen's Council. Thirty-one of the most representative women of the community were therefore meeting weekly to consider the needs of the district and giving about eight hours a week to active work. The block workers formed a ready means of communication between the Social Unit headquarters and every individual in their blocks.

The physicians of the community, thirty-six in number, had also been organized into a Physicians' Group. They had established a health station and elected from their number a staff to care for babies under one year of age. It was therefore a simple matter to arrange for additional conference hours for pre-school children, and to provide an adequate medical staff to conduct the examinations.

The Social Unit Organization had already secured a staff of five public health nurses for work in the district, who stood ready to assist the physicians and to follow up to their homes children found to be suffering from serious defects.

A Teachers' Council and Ministers' Council had been organized, making it possible to secure publicity for the undertaking both in the schools and churches.

When the request came from the Children's Bureau for weighing and measuring tests for children under six years, the Mohawk-Brighton District through its Citizens and Occupational Councils decided not only to meet this request but to attempt to secure in addition a complete physical examination for every child under six years in the community.

PRELIMINARY WORK

In order that we might know just how many children of preschool age there were in the district and how they might be reached, a census was taken by the block workers by a house to house canvass. This visit to the home gave an opportunity for the Block Worker to explain to the mother the reason for physical examina-

THE MOHAWK-BRIGHTON SOCIAL UNIT DISTRICT

THE CHILDREN'S PARADE—PASSING IN FRONT OF THE SOCIAL UNIT HEADQUARTERS

tions and to invite her to bring her children to the Health Station. By this means 1,173 children under six years of age were registered.

In order to complete the examination in three months' time the Medical and Nursing Council decided to hold two conferences daily at the Health Station from 10:00 to 11:00 A. M. and from 3:00 to 4:30 P. M. Accordingly an adequate medical staff was elected from the Physicians Group and assignments of nurses and doctors made to cover every day of the week for three months. It was first thought possible and advisable to make an appointment for each child; this was done and the appointment cards delivered to homes by the block workers. This plan, however, did not work well as we found the day and hour set were sometimes inconvenient for the mother and also because there was a desire for little groups who were friends to come to the Station together. It was found that appointments made arbitrarily for the mother without considering her convenience were not kept. Therefore, after two weeks the plan was abandoned, and the mothers permitted to bring their children when it was most convenient to them. They were, however, asked to notify the block workers of the day they expected to come. Block workers in turn reported to the Health Station daily the number of children that might be expected from their respective blocks.

At the outset it was realized by the physicians, nurses, and block workers that the community psychology would play a very important part in making the plan successful. In consequence, an attempt was made to definitely concentrate public opinion on the health of little children. In doing this, every possible appeal—the appeal to mother love, to civic pride, to the war spirit, and to general patriotism, was utilized.

It was decided that an appeal for better health conditons made by the children themselves would be most effective, so on April 29, 1918, we organized a great "Save our Lives" parade. Three thousand children of all ages paraded through the streets carrying banners with such telling slogans as:

"Children's Lives are Liberty Bonds of the Future"
"Uncle Sam is Behind Us—Do not Stand in Our Way"
"Out of the Trenches of Disease and Death"

Babies who had already been examined at the health station under the Baby Service were present in perambulators, banners on their carriages announcing that they had enlisted in the health campaign.

The Zoo, getting into the spirit of the movement, lent ponies for the marshals to ride and the grave camel advised mothers to "Get a Hump on and Join the Campaign."

Dr. Randall J. Condon, Superintendent of the Public Schools, marched at the head of this unique parade, followed by automobiles filled with children whose fathers were at the front, and who carried the most appealing banner of all:

"Our Daddies are Fighting to Save Your Lives
Will you help Save Ours?"

The parade proved that by using similar methods, the same patriotic zeal can be inspired for health which was awakened to float Liberty Loans and Red Cross Campaigns.

It was followed by immediate placarding of the entire neighborhood with posters which presented in a terse, straight-forward way the situation in regard to the health of the children. Window cards which bore the slogan: "We have enlisted in the Health Campaign —Have You?" and had a space in which to paste a photograph of the child in the house or a picture cut from a magazine were distributed by the block workers. These were an aid, but were not wholly successful owing to the fact that the window-card plan was over-done during the war drives.

By far the most attractive posters used during the campaign were made by the school children, who showed much ingenuity and publicity sense in the appeals which they made. Many of their posters not only advertised the health station and urged physical examination of the children, but gave such pertinent advice as:

"Give me a bath Every Day"—the picture of a rosy baby in a bath tub.

"Help her to have many Birthdays"—a little girl sitting behind a big cake decorated with a solitary candle.

One mass meeting was held to boost the campaign. About five hundred people attended. Speakers outlined the purpose of the campaign and explained the relation of our work to the Federal Government in the Children's Year. Although only a relatively small portion of the population was present they served as advertising agents among the rest and did worth-while follow-up work in keeping alive the interest stimulated by the parade.

AT THE HEALTH STATION

"ENLISTED" BABIES—PROUD OF A HUNDRED PER CENT. HEALTH RECORD. MOTHER, AND SOMETIMES BIG SISTER BRINGS THEM TO THE HEALTH STATION EVERY WEEK OR SO

A big thermometer, with sufficient space to record the 1,100 children of the pre-school age who were eligible for examination was placed in front of the Social Unit headquarters, and day-by-day the climbing of the mercury showed the number examined. Since the Social Unit Headquarters is located prominently on one of the principle car lines, this thermometer attracted much attention and caused much useful discussion.

By all odds, however, the most effective publicity medium and one which could most easily have been used to the exclusion of all else was the little four-page bulletin issued by the Social Unit which goes into nearly every home in the Mohawk-Brighton district. This little bulletin carried on a steady propaganda for examination of all pre-school children. It recorded the progress by blocks and so stimulated competition between the blocks. Using no names, of course, it published human interest stories, which served to bring home the point of preventive health work—the story of Little Susie, whose mother brought her to the health station, proud of her pink cheeks, only to find that the pink cheeks were the result of a temperature of 102, and her little girl was tubercular—a fact of which the mother had never dreamed; then there was the story of the twins who were dying of malnutrition and whose lives were saved by nursing care and a proper feeding formula. Week after week, throughout the campaign this little bulletin told of the progress of the work and the needs which it was meeting, until mothers at first skeptical brought their children to the station, fearing lest subsequent developments should arise to reproach them for their negligence.

The doctors and ministers who were organized as groups of the Occupational Councils performed a splendid service in urging the community to coöperate. The publicity, of course, brought results because it was backed by intensive community organization.

EXAMINATIONS

The examinations began on April 8, and by July 15, 994 children had been examined. The report here given is based on an analysis of weights and heights of the entire group and the physical defects found among 640 children between two and six years of age. The health supervision of pre-school children has been made a permanent service at the Health Station with the result that by January 1, 1,075 examinations had been made.

The weights and heights of children, distributed according to age groups, is shown by the following tables:

Heights and Weights of 994 Children under 6 years of age

HEIGHTS

AGE GROUPS	Height for Age Is								
	Average			Above			Below		
	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
TOTAL	542	200	342	216	154	62	236	142	94
Group 1 Under 3 mos.....	40	16	24	26	17	9	3	1	2
Group 2 3 mos. to 6 mos.....	32	14	18	17	13	4	10	2	8
Group 3 6 mos. to 1 yr.....	66	32	34	5	3	2	25	22	3
Group 4 1 yr. to 3 yrs.....	160	61	99	40	36	4	83	50	33
Group 5 3 yrs. to 6 yrs.	244	77	167	128	85	43	115	67	48

WEIGHTS

AGE GROUPS	Weight for Age Is								
	Average			Above			Below		
	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
TOTAL	377	141	236	146	100	46	471	255	216
Group 1 Under 3 mos.....	52	24	28	10	7	3	7	3	4
Group 2 3 mos. to 6 mos.....	25	10	15	10	10		24	9	15
Group 3 6 mos. to 1 yr.....	41	20	21	4	4		51	33	18
Group 4 1 yr. to 3 yrs.....	93	36	57	43	32	11	147	79	68
Group 5 3 yrs. to 6 yrs.	166	51	115	79	47	32	242	131	111

It will be observed that the number of boys and girls is about equally distributed, there being 496 and 498 respectively. It is inter-

esting to note, however, that there is a greater variation from the average heights and weights among boys than among girls.

	Heights		Weights	
	Boys	Girls	Boys	Girls
Average	141	236	200	342
Above average	100	46	154	62
Below average	255	216	142	94

A study of weights in relation to heights has not yet been made; we find however, that 47 per cent of the children examined are under weight, while only 23 per cent are under height, showing that at least a considerable per cent of underweight is not accounted for by underheight. We also see that the per cent of children under average height and weight increases after the first year.

	Below Weight	Below Height
Group 1—1 mo. to 3 mos.	10%	4.3%
Group 2—3 mos. to 6 mos.	40%	16.9%
Group 3—6 mos. to 1 yr.	53%	26 %
Group 4—1 yr. to 3 yrs.	51%	29 %
Group 5—3 yrs. to 6 yrs.	50%	23 %

The following defects were found among pre-school children.

1915 DEFECTS IN 640 CHILDREN

(Ages 2 to 6 years)

- Anemia 13
- Ears—
  - a. Otitis media 22
  - c. Margin of drums, reddened. 5
  - b. Drums, retracted 3
  - d. Discharge 4
- Enuresis 10
- Eyes—
  - a. Conjunctivitis 15
  - b. Cornea (Keratitis) 1
  - c. Blepharitis, marginalis 2
  - d. Strabismus 22
  - e. Trachoma 2
  - f. Astigmatism 1
- Genito-urinary—
  - a. Prepuce adherent 114
    - Advised interference ...32
  - b. Elongated prepuce 17
  - c. Undescended testicle..... 2
  - d. Congenital hematocele 1
- Lues 7
- Nasal Defects—
  - a. Coryza 50
  - b. Chronic rhinitis 10
  - c. Congested turbinates 8
  - d. Hypertrophied turbinates... 10
  - e. Deviated septum 8
  - f. Thickened septum 2
  - g. Reduced breathing space... 45
  - h. Nasal polypi and spurs.... 3
- Nervous System—
  - a. Chorea 3
  - b. Instability 19
- Osseus System—Structural—
  - a. Flat foot 1
  - b. Rickets 8
  - c. Deformities of long bones.. 5
  - d. Bursitis 1
  - e. Scoliosis (spinal curvature) 3

Glands—	
a. General enlargement (Adenitis)	4
b. Cervical enlargement	287
c. Inguinal enlargement	26
d. Submaxillary enlargement	1
e. Thymus enlargement	1
f. Thyroid enlargement	1
Heart Defects—	
a. Arrhythmia	4
b. Endocarditis	5
c. Mitral murmurs	47
d. Myocarditis	20
e. Valvular disease of heart	10
f. Rapid heart beat	9
g. Accentuation of second sound	11
Head—	
a. Hydrocephalus	3
Hernia—	
a. Inguinal	4
b. Umbilical	10
Lungs—	
a. Bronchitis	17
b. Roughened breathing	44
c. Rales	19
Parasites—	
a. External—Scabies	2
Pediculosis	1
Pertussis	5
Skin Disease—	
a. Dermatitis	1
b. Eczema	8
c. Urticaria (hives)	2
d. Impetigo contagioso	2
e. Naevus (birth mark)	1
Teeth, defective	256
Thorax—	
a. Flat chest	31
b. Pigeon breast	3
c. Prominent scapulae	10
Throat—	
a. Adenoids	169
b. Pharyngitis	6
c. Tonsils enlarged	372
Advised removal	44
Tuberculosis—	
a. Incipient phthisis	10
b. Positive phthisis	1
c. Confined to other organs	2

Cardiac conditions in relation to enlarged tonsils and decayed teeth:

Total number cases studied	91
Cardiac cases accompanied by enlarged tonsils	53
Cardiac cases accompanied by badly decayed teeth	2
Cardiac cases accompanied by both diseased tonsils and decayed teeth	7
Cardiac cases unaccompanied by diseased tonsils or decayed teeth	27

Up to July 1, 330 pre-school children had been referred to the Nurses' Council for home visits. Many of these children were suffering from more than one defect.

Number of children with one defect	54
Number of children with two defects	90
Number of children with three defects	124
Number of children with four defects	46
Number of children with five defects	46
Number of children with six defects	5

The majority of pre-school children requiring home visits were referred to the nurses during June, July, August and September, the very months when the babies under two years required close supervision. The nursing staff had counted on doing intensive work with pre-school children during October and November; this was how-

ever impossible because the influenza epidemic broke the first week in October and this emergency demanded all the time of the staff until late in December. Had this not been the case the report of the defects corrected as a result of nursing service would probably have been larger.

Results obtained in correction of defects up to Feb. 1, 1919.

1. Number of children taken to private physicians 59.

2. Number of children taken to clinics 50.

Dental	16	Orthopedic clinics	1
Ear, nose and throat	13	Skin	2
Eye clinics	2	Other	4
Medical clinics	12		

3. Defects corrected:

Adenoids removed	13	Circumcision	12
Tonsils removed	18	Teeth	16
Glasses prescribed	3		

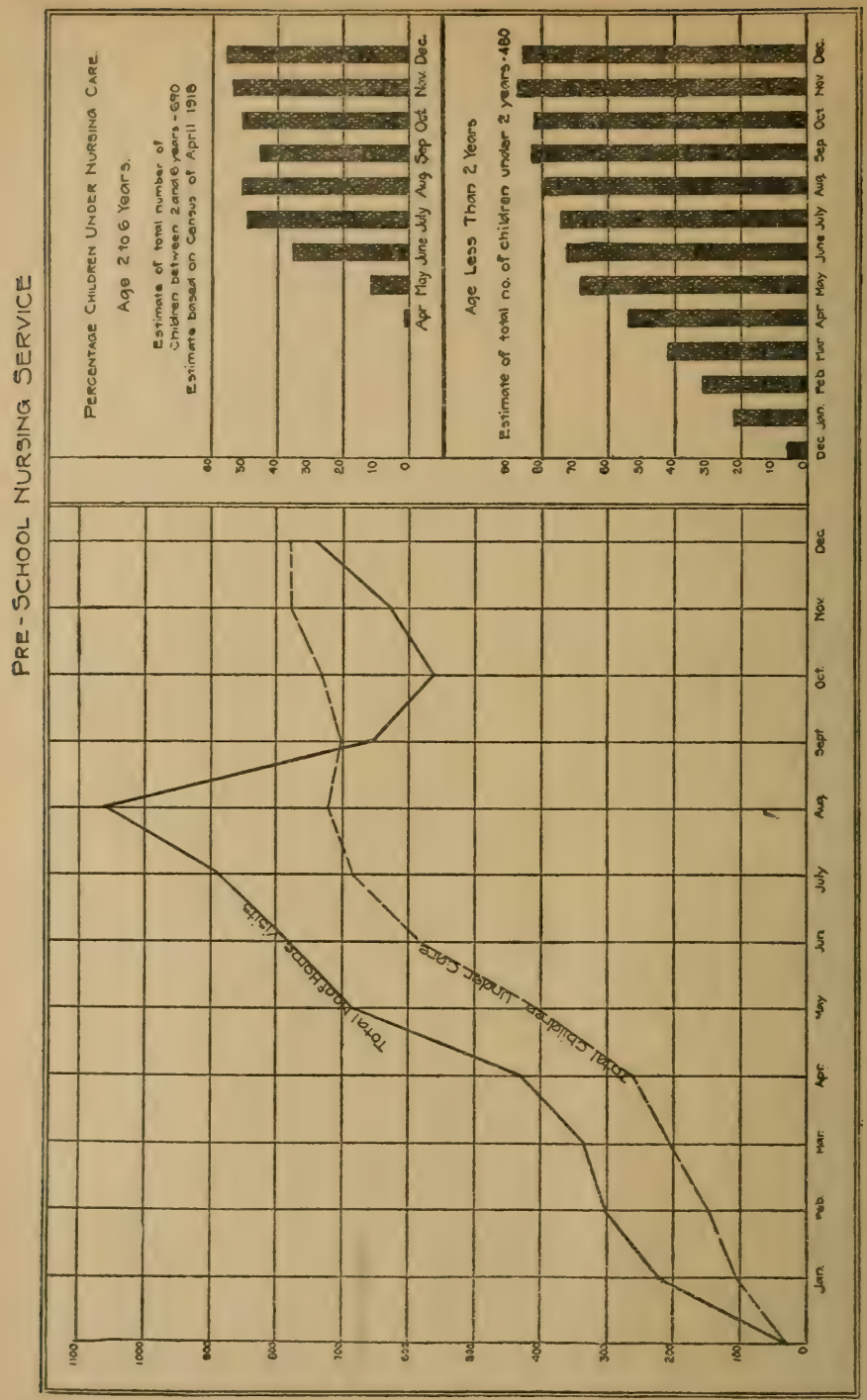
The program of the Social Unit Health Station has been extended to include health supervision of all children under school age. An effort is made to have all new children who move into the district examined and to keep under care all those who have physical defects. All babies are transferred to the pre-school service on their second birthday. The following standard of care has been adopted by the Medical and Nursing Council.

Frequency of Examination at Health Station.

Breast-fed babies under 1 year	every month
Bottle-fed babies under 1 year	every two weeks
Babies between one and two years	every month
Babies between two and three years	every two months
Children between three and six years	every three months

The chart on the following page shows graphically the growth in 1918 in nursing service to children under six years of age.

The evidence furnished by a study of pre-school children in the Social Unit District gives sufficient indication that the need of health supervision for children between two and six years is exceedingly great. During these years proper diet is scarcely less important than during babyhood; improper feeding is less apt to cause death, but it does hinder proper development, lowers vitality and produces the undernourished, anemic child who is the concern of nurses, physicians, and teachers when he enters school. As the observations were made on practically all children in this age group in


PRE-SCHOOL NURSING SERVICE
Total Children Under Care
Total Neighborhood Visits
Jan. Feb. Mar. Apr. May Jun. July Aug. Sept Oct. Nov Dec.
Percentage Children Under Nursing Care.
Age 2 to 6 Years.
Estimate of total number of Children between 2 and 6 years - 690
Estimate based on Census of April 1918
Apr May June July Aug Sep Oct Nov Dec.
Age Less Than 2 Years
Estimate of total no. of children under 2 years - 480
Dec Jan. Feb Mar Apr May June July Aug Sep Oct Nov Dec.

an average community it is safe to infer that the physical condition of these children is a fair index as to the health of the pre-school child elsewhere.

Most of these children were brought to the Health Station as well children and both physicians and parents were surprised and concerned to find so many who were below normal. The fact that the examinations were made by local physicians was of distinct value. They discovered many serious defects in apparently well children and having themselves demonstrated the necessity of careful supervision of the physical development of the little child they will give more careful attention to the children in homes where they serve as medical advisors.

Provision for the adequate supervision of the health of the pre-school child is urgently needed. It would seem that the best equipped agency to provide this care is the present well organized Infant Welfare Society. These societies are acquainted with the babies, have their records on file and have given valuable supervision for two years of the child's life. By continuing their supervision up until the time the child enters school they would not only be rendering a service not otherwise obtainable but assuring permanent benefit to the child of care already given.

HOW RURAL COMMUNITIES MAY COMBINE FOR DISTRICT NURSING SERVICE*

By ANNIE CROWELL
Secretary, District Nursing Association of Barnstable, Yarmouth and Dennis

Six months ago, representative people from three towns on Cape Cod met together to consider the possibility of forming a District Nursing Association for the three towns.

Two years previous to this, a small nursing association had been organized by the villages clustered together on the north side of these three towns. Enough money had been raised by private subscription to support the work of one nurse and the work had been satisfactorily done.

The work had attracted the attention of people in villages on the south side of these towns and a number of citizens there met together to see if a similar organization might be started on the south side.

*Paper read at Fourth Annual Meeting of the Massachusetts Committee of Directors of Visiting Nurse Associations, Boston, Jan. 23, 1919.

As plans for this second organization were unfolded it became evident to some of these people that if, instead of organizing a separate association, they could unite their efforts with those of the people on the north side in one big organization, there would be great advantages. Some of the advantages were these:

1. Financial support.

The north-side association had had no financial help from town appropriation because it represented only part of the villages in each town. The same would be true of the south side. Uniting efforts in one association would open the way to asking for appropriations from all three towns, since all the villages in all three towns would then receive benefit.

2. Economy of equipment.

Only one telephone would have to be paid for instead of two. One central depot for supplies and one headquarters for nurses, would have to be maintained, but not two. In many cases, the same utensils might be used by both sides of the Cape, if they were under one management.

3. Less expense in nurses' salaries.

Instead of having two nurses, both capable of being supervisors, there would be one supervisor and a staff of assistants.

4. Greater flexibility of service.

The efforts of the nurses could be applied where they were most needed, instead of one nurse being overworked and the other being much less busy. This last point has been very clearly demonstrated during the recent epidemic, when some parts of these towns have had practically no illness, while other parts had many cases.

The chief obstacle to combining seemed to be the fact that for the combined district the natural center, both geographical and commercial, and hence the natural place for headquarters, lay on the south side. To combine, would mean that the north side would have to give up its already established headquarters and see its nurse go to live on the south side. After much discussion, the decision to combine was reached and the organization has been running for six months on this basis.

The enlarged association now represents seventeen villages which are scattered over an area of 125 square miles, with a population of about eight thousand. No village is, however, more than twelve miles from the headquarters.

At present there are three nurses employed, a supervisor and two assistants. It is to be assumed that, in so short a time, the villages have not yet learned to make use of the services of the nurses to the extent that they will be calling for them later on, but, even now, the nurses are over busy and there is every indication that the staff will need to be enlarged, as soon as the finances of the association will permit.

The money for the support of the organization was raised by a house to house canvass in every village. It was estimated that $5000 would be needed for the first year. Up to date, $5,095 has been raised by individual donations and some money is still coming in. There is need of more money, for the expenses for this year will exceed our estimate of about $1,000. The work has already made such an appeal that the Board of Management feels justified in asking for appropriations from the three towns, at their coming town meetings, the total of the three appropriations being the needed $1,000.

I have no way of knowing what proportion of the $5,000 that was collected came from the summer population. Knowing what amounts were put in by the individual villages, I should judge that about half of the $5,000 was contributed by summer residents. This does not mean that the all-the-year-round residents sat back and let the summer people give. I think the response from the winter residents was very good. The amount goes to show the generosity of the summer people. If the towns do appropriate the $1,000 more, this amount will represent both the summer and winter residents.

I have already mentioned a Board of Management. You may be interested to know more about the form of the organization. The Board of Management is made up of the officers of the association—President, Vice President, Secretary, and Treasurer, and one representative from every village, known as the village chairman, and, in addition, there are a few people who are so well known throughout the whole district as to be representative of the whole district. In all, the Board of Management has thirty-two members. The Board meets once a month to hear the reports of its sub-committees and to discuss any matters of business that they may bring before it. The sub-committees are, an Executive Committee, a Nursing Committee, and a Finance Committee. The Nursing Committee advises with the nurses on all questions connected with their work, and makes recommendations to the Board. There is an emergency member of this committee, who is authorized to decide upon any question that cannot wait to come before the Board. The Executive Committee discusses all matters relating to the work of the Association and makes recommendations to the Board. The Finance Committee plans ways and means of raising money for the support of the Association.

I think that attention should be called to the importance of the work of the village chairmen. Each of these chairmen has chosen

a local committee of from four to seven people, according to their needs. It was they who raised the money in the different villages and it is these chairmen who keep their hands on the pulse of the people's life and report to the Board of Management. Just now, they are doing the very important work of getting their people to realize the opportunity they have for securing trained nursing service. During the recent epidemic one village sent in all of its calls through its village chairman, and she worked to see to it that her village had its share of attention. In an organization of this type, representing many villages, the amount of attention that a given village receives depends upon the number of calls it puts in. Each village must claim its share, and the village chairmen are trying to make this understood in their respective villages. When they come together in the Board of Management meeting, they have a chance for a mutual exchange of ideas, and also for presenting the claims of their respective villages. This arrangement brings the association as a whole into vital touch with the conditions in every village, and gives every village a share in the management of the association.

I have already mentioned the fact that we have three nurses—a supervisor and two assistants. The nurses, at present, keep house together, and the headquarters of the association are located there. The association supplies three automobiles. Even if the nurses should prefer to board in three diffferent places, the general plan of work would remain the same—headquarters for supplies and telephone and possibly for clinic work later on—and a supervising nurse to direct the work of the others. At present our supervisor is doing a full share of the actual nursing work, but this, combined with the clerical and lecture work necessarily done by the supervisor, is already showing itself to be too heavy and relief will have to come through reducing the amount of actual nursing to be done by the supervisor.

It has been suggested that the organization might be able to secure additional nursing service by employing some of the untrained nurses that are to be found in almost any village, having them work under the direction of the regular nurses. Under this plan, the regular nurses would not only direct the work of the untrained nurses, but would collect the fees, and pay the untrained nurses. In this way, the association might further its work without increasing its expenses.

The following figures will show how steadily the work of the association has grown:

	July	Aug.	Sept.	Oct.	Nov.	Dec.
Total no. of cases under care during the month	17	21	62	91	87	87
Total no. of visits made during month	105	126	274	393	348	351
Total amount of fees collected	$45.00	$44.25	$73.78	$119.40	$108.50	$106.03

Summary of work from July, 1918 to January 1919.

Total number of cases	266
Total number of visits	1,593
Fees collected	$484.46

At present our fee is fifty cents a visit for those who can afford to pay. It is probable that, another year, we shall raise it to seventy-five cents in order to make it more nearly correspond to the actual cost of the service. A large proportion of the patients visited have expressed surprise at the smallness of the fee and have offered to pay more. Even at the present low rate, the amount collected in fees has been large enough on the average per month to pay the salary of one of the nurses.

HOW THE VISITING NURSING ASSOCIATION OF A TOWN MAY HELP ITS RURAL NEIGHBORHOOD*

By LOUISE CHURCH DURANT
President, Great Barrington Visiting Nurse Association

It is difficult to separate community and rural work, especially when it is carried on by an association situated in the center of a number of villages and intervening neighborhoods.

What do we mean by rural? It is used in connection with the delivery of mail, with landscapes, with country, with sports and with people. We mean by it the scattered families who live a distance from the large town or village, who are separate from social intercourse with neighbors, where children walk miles to school or sometimes can't go at all. The farm on the hillside looking down on the valley below where the nearest house is located. The wood chopper's hut buried in the woods where families live or exist for months without intercourse with the outer world. Picture these places and you have a true New England rural neighborhood.

There are many ways in which a visiting nurse association can assist its neighbors living in a rural district. First of all, one must become acquainted with its inhabitants and must study the type one

*Paper read at Fourth Annual Meeting of the Massachusetts Committee of Directors of Visiting Nurse Associations, Boston, January 23, 1919.

has to deal with, for localities differ greatly in their characteristics. One group can be approached in one way, but another must be used for the next group. It is safe to assume that the surest way to reach the majority is through the children. Let the nurse call at the school, become acquainted with the pupils, then in a short time call and examine the children, give short talks in hygiene, and tell what the nurses do in the homes. Soon the children will speak of the little ones at home and say "Mother wishes you would stop at our house." This first call is made and the news soon spreads and the "Nice Lady" is sent for by other families. Once the footing is established, it is easy to carry on the work. Regular visits can then be made to the neighborhood. A central place of meeting can perhaps be arranged where the mothers can come to receive instruction or advice. Samples of wholesome clothing can be displayed and patterns given to the mothers. Pictures which illustrate proper living can be shown, they often speak louder and more effectively than words. Good reading matter can also be distributed. New life and desire will be brought into many a dreary home by this method.

If transportation is a question, form a committee of young girls in your town, who drive cars, and let them be responsible for taking the nurse to the different districts. They in turn will become interested in the work and be able to develop it along other lines.

It is not always an easy task to enter a rural home, or a thankful one; sometimes a family resents the offer even when the nurse goes with a physician, as was the case with us during the influenza. These are the facts. In a miserable hut a wood chopper, his wife and five children were ill. The nurse took food and bedding; the first was turned down because the soup was not thick, the latter was used in an unmentionable manner, and the nursing care was rejected at first. After four visits, they were of a different opinion and apologized profusely for their former attitude and were most grateful for the care given them. Unfortunately two of the little ones died, but the parents rejoiced that the lives of the others had been saved. I could tell many a touching tale of our work in rural communities during the epidemic, but time will not permit.

Another way to help, (one which we have started) is to have a "rest room" with a nurse in attendance, where mothers can leave their babies and little children when they come to town Saturday afternoon or evenings to do their shopping or attend the movies. It

affords an opportunity to give valuable information and instruction. Our room has been open six Saturdays and eight children and fourteen adults have visited it. A second epidemic has somewhat hampered its growth and as yet we have done little advertising. A notice is to be thrown on the moving picture screen, as well as published in local papers, and we are confident that the usefulness of the room will increase rapidly.

For some time we had felt the need of extending our work into the adjoining communities and rural districts and last summer decided to ask five communities if they would care to coöperate with us in engaging a third nurse who would carry on the work under our direction. We held meetings in three of the villages only, as three were so near together they held a joint meeting. We laid the plan before them, answered their questions, met their objections and then awaited their decision. Two of the villages stated emphatically that they didn't need a nurse—there was no illness in their midst and if there should be they could look after their own. Within twelve hours a woman from one of these places came to the office (five miles) to inquire about layettes, and to ask if the nurse would go to her when her baby came. Within twenty-four hours, at midnight, the nurse went with the doctor to the other village for a maternity case. The ball was set rolling and many calls have been made in these two places.

All five towns decided to try for a year the experiment, and to contribute a certain per cent., according to population, toward the nurse's salary. The difference, if any, would be met by the Association. Our new work began in August, and we have made 219 visits in these outlying communities since then. As a Ford runabout was given us this summer, transportation was greatly facilitated. Our present district covers a radius of ten miles, which includes seven villages and the rural or scattered district between them.

There are five villages east of us where a nurse would find ample to do and it is our aim in the near future to extend our work in that locality. It will, of course, necessitate another nurse and transportation facilities.

We have just passed our tenth anniversary, and as we look back and see the mistakes we have made, also the progress and development, we are led to believe that our latest extension work could not have been successfully undertaken any sooner than it was. We have

grown and developed gradually and at last have acquired the personnel, experience and equipment necessary to carry our work out into our rural neighborhood and small surrounding villages.

In these days of social unrest and the movement of hitherto unmeasured and all but unnoted forces, we have come to feel that by extending the hand of sympathetic and interested helpfulness to our neighbors who need it and by turning the light of elementary knowledge into the dark corners of the homes of some of them we are assisting in giving proper direction to a social and political movement already begun and which, if left to chance, is likely, as it has done in Russia, to sweep before it all that we have hitherto fondly expressed by the word civilization.

SCHOOL NURSING IN RURAL COMMUNITIES

By EVA E. CROCKETT, R.N.
U. S. Public Health Service

One cannot think of the great national plan for the Conservation of Child Life and the bringing of children to vigorous manhood and womanhood without feeling that Johnnie in school is even more important than Johnnie was in his cradle. Like many treasures, his value increases with his age and with his abundance of moral and physical ability to take his proper place in the community life.

At rather an early age the child leaves his first school—the home—for a few hours each day and enters into a new and strange world. If he has wise parents or is lucky he falls into the hands of a teacher who can look at things from his point of view and who can present the disjointed portions of knowledge so that they are not altogether too repulsive. After all, where is the normal child who does not hate numbers and letters and clean hands? If a child has not this good fortune he "wiggles" four or five hours a day in the presence of an exasperated "keeper" of schools and goes home at night to dream of the "ands" and "take aways" as terrible monsters who make the lives of children miserable.

In far too many cases the child's first introduction to the clean, wholesome things of life comes to him when he first comes under the influence of a sympathetic teacher whose impulse is to nurture tenderly every good tendency that has been awakened and to eradicate from the child the undesirable ones.

Who has not watched with interest the apparent great joy that comes to a baby when the great discovery is made of the hands and feet and mouth into which everything finds its way? It is really pathetic, though, when the little untrained child coming to school discovers that those same hands simply won't stay clean while he goes from his home to the schoolhouse and that they get covered with all sorts of germs which may make a boy sick. The teeth too, and the eyes and ears, if they get any consideration at all, are thought of only as a few more things to take the joy out of what otherwise might be a happy life.

During the past few years into many rural communities the Public Health Nurse has found her way and has entered into hearts and homes because she first sought out the schoolhouse with its rooms full of little people.

It is not strange that the teacher, who may be like "The Old Woman in the Shoe" etc. and who wonders how she can possibly get through with all her classes before night, does not welcome any intrusion into her special domain by any one who desires any of her time. I feel certain, however, that any teacher, if approached as any visitor should approach her hostess, will listen to the nurse as she explains the purpose of her visit. When the teacher is convinced that the nurse is also a teacher, who is not only interested in the mental development of the children, but the physical as well, and will make the attempt to get at the root of Johnnie's "laziness" in school and help him to get into the ranks of the clean, alert boys of which any teacher may be proud, she will not only greet the nurse cordially, but will look forward to her visits with pleasure.

Don't take it for granted that the teacher knows nothing about hygiene or, on the contrary, that she knows everything about it. Make a study of her to ascertain how deep and wide her knowledge of and interest in health habits may be. Remember, also, that rural teachers are often shut off from the opportunities of constantly acquiring new ideas. They may be financially unable to avail themselves of the privileges of large towns and cities and the nurse may be their only messenger of modern hygiene, aside from a little corner in a teacher's magazine.

Take the teacher and children into your confidence. Tell them what is being done in other schools in the country and the great need for every one to enter earnestly into the great crusade to improve the present condition of the children and safeguard their future.

If the teacher shows any enthusiasm on any particular phase of hygiene it may be well to start with that and supplement it at each visit by personal talks with her and by having her listen to the simple, straight talks to the children, which may be made more interesting by black-board drawings or printed pictures. Be sure to see that she has copies of the pamphlets issued by the State Departments of Health, Metropolitan Life Insurance Co. and the Government, etc. Many of them have drawings suitable to reproduce on the black-board. Ask the teacher to use for spelling lessons words which have been used in the hygiene talk, and incorporate in the English lesson sentences pertaining to health and cleanliness.

When the nurse visits a school only occasionally and the teacher is left wthout constant stimulus it requires more careful planning in order that a comprehensive program may be mapped out for the teacher to follow in the meantime.

After having studied the teacher and children and having become convinced of the most desirable things to accomplish between that and the succeeding visit, then outline a plan to leave with her, together with suggestions and literature that may be available.

It may be that the personal appearance of a large number of children needs improving or they may appear clean and yet have poorly cared for teeth or be hollow chested and anemic. Suppose the latter to be the case. Instruct the teacher carefully in the variety of physical exercises best suited to correct the hollow chested condition and explain the beneficial effects of deep breathing, asking her to spend five minutes three times a day in a well ventilated room in giving these exercises. Once every two weeks have a chest measuring contest and reward those who show the most improvement in chest development by placing a gold star on their score card and by having the fortunate ones give a little demonstration before the school.

Along with the chest development must go instruction in the right kind of food for school children. Many a little child goes to school without any breakfast or with only bread, with tea or coffee, instead of a simple, nourishing meal. During the past three years many valuable little pamphlets containing inexpensive and easily prepared meals for school children have been issued which are a great help. These I would recommend for the teacher to secure.

Nurse and teacher must remember that they have something to sell, so have a legitimate right to use advertising methods to impress upon the child the importance of what they are offering.

Adopt a slogan such as:

45 DEEP BREATHS A DAY FOR EVERY BOY AND GIRL!
BREATHE DEEP AND WIN A GOLD STAR!
THREE CUPS OF MILK EVERY DAY!
SLEEP WITH OPEN WINDOWS!

Use pictures and stories and drills. Have the children write essays and memorize little healthgrams appropriate for the particular campaign you are conducting. The following are easily learned:

Breathe all
The fresh air
That you can;
Stale air is
Enemy to man.

Foods should be fresh
And pure and clean;
Be on your guard
For dirt unseen.

The fly is crafty
and alert;
He carries germs
And also dirt.
KILL HIM!

To wash your hands
Before you eat,
Will keep you well
And keep you neat.

The cough and sneeze
Both spread disease,
And so does spit;
Take care of it.

In homes and schools
We frequently roast,
70 degrees
Is enough at the most.

To sum it all up I would say:

Aim at definite objects.

Study the needs and prescribe judiciously.

Expect a good deal, but don't be disappointed if you don't get a "Bumper Yield."

Make the teacher and your children your friends and confide your hopes to them.

Make instruction as attractive as possible by using demonstrations, drills, pictures, etc., and give the children credit for their efforts.

Don't give them more at a time than they can assimilate.

Write to the teacher occasionally, giving her encouragement and showing your interest in her little world. See that she knows what and where the literature is that may be helpful to her.

Take the parents and friends into consideration and give them something new and interesting whenever possible.

Don't let yourself grow stale. Get all the inspiration you can by keeping in touch with others who are doing similar work. Take all the Public Health magazines that you can afford. Attend conventions and conferences when possible.

A CITY NURSE'S IMPRESSIONS OF A MOUNTAIN MINING CAMP

By LYDIA SPOENEMAN

EDITOR'S NOTE: The author of the two following papers is an industrial nurse in a Kentucky coal mining town who has tried to write down her "impressions" before she became so used to her surroundings that she no longer noticed the particular characteristics of the people. The story of "The Fluenzy" was written down from memory as nearly as possibly in the way in which the women of her community talked about it. It gives a very vivid picture of conditions as they existed and is interesting as being written from the point of view of the people themselves, rather than from that of the nurses and others who were trying to cope with the emergency of the epidemic.

There are a lot of folks up here in the mountains. Just folks. Warm-hearted, courteous, hospitable and "homey" as you find anywhere. We have read a lot about the mountaineer's familiarity with a gun, and no doubt there is some truth in this. But even in that he does not differ from other folks. He does most of his shootin' when he is full of "drinkin' licker," a commodity, thank God, that is swiftly passing out. You can buy good "drinkin' licker" now in Kentucky for $40.00 a gallon. But when he is sober, our mountaineer is just as good as any of us.

True, there is a great deal of ignorance, since for generations the people have been so isolated, but their children are just as bright-eyed and eager to learn as the children of any community in most any part of our great and glorious country.

The work here is not so very different from that of my district in Chicago; because after all, a mining camp here has not strictly speaking a mountain population. I think, to speak conservatively, I may say that two-thirds of the population of this camp are people who come from cities. Many of them are Northerners, and really the town is about as cosmopolitan as the average district, as I knew it, in Chicago. Besides about two-thirds population of white Americans, there are Hungarians, Italians, Syrians, and Polish people. Also a large colored population.

Our mining camp negro is not unlike the Northern negro. Some, of course, are typical old Southern negroes, deferential and courteous to a degree, but the younger generation are equal to anything once given a chance.

Many of the people here come from Knoxville and other Southern cities and the surrounding country about here, Tennessee, Virginia, and Kentucky. The dialect is interesting, and very amusing

when one first hears it. But the intonation is so soft and pleasing to the ear that after all it is very pretty. I have found this difference: ninety-eight per cent of the families of the native mountaineers will follow out the nurse's instruction to the letter after they know just what she wants. There are really very few real "shif'less" people here in camp. Everything one does is given the closest attention, and it really is very pleasing to get back to the home the second time and find everything spick and span and the things the mother saw you use on your previous visit will be all laid out and ready, even if you didn't remember to ask her to have it for you.

Of course, during the "Flu" epidemic it wasn't always so, because in many cases the whole family were ill and then there was no one to keep the home in order, but now as things become normal we are pretty orderly. The homes have not much furniture, but the floors (in most homes) are spotless and the cane-seated chairs are equally beautiful.

The food too is different and it is pretty difficult to put anyone on a diet. The people rarely eat "light bread." They don't care for it and it is almost an impossibility to make them see that hot bread is injurious, since they were brought up on biscuit and corn-bread and hot rolls and "hit never hurt them before." They also eat a great deal of fried food and raw meats; and I have met with more kinds of "worms" down here, by that same token, than I ever knew of.

It is not difficult to get into the homes here, since all medical and nursing care and all medicines are furnished by the Company to the families of all the men employed by it.

Besides, there is their natural hospitality that would not allow them to seem not to welcome you. Nothing on earth is so cordial as their "Howdy, Honey, Come in an' set a spell. Git you a cheer up by the far. You're well, I reckon," etc.

Everybody knows most everybody else and surely everybody knows the nurse, and that makes it easy. There is no poverty here. These men are all very well paid and if they are able and willing the merest laborer may earn from five to fifteen dollars a day. The town is beautifully laid out and though the lack of sewage for dishwater, etc. is not above criticism, for a new camp it does very well. With our population of 2,500 there is not a great deal of overcrowding and, when the 100 new houses under construction are completed, overcrowding will be against the law of this camp.

It seems to me, as I have studied the situation, that the most important work for the nurse in this community is that of teaching.

The women do not know how to take care of their babies. They just grow up somehow, or not. The fittest survive. If any die, well, then they are dead. They take the thing as a matter of course, almost without emotion it seems sometimes.

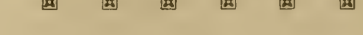
Then they do not know how to keep house. As stated above, the wages are excellent. Now they live in three or four-room cottages with usually two grate fires for heating and a kitchen range. In the bedrooms will be two double beds, spotlessly clean, and not another thing. Not a picture on the wall, or a chair or a rug, not one thing! In the sitting room will be, in most places, another bed, a rocker or two, four or five cane seated chairs, and possibly a chromo or a magazine cover hung on the wall. No carpet or nary another thing. The dining room will have a table and some chairs, and the kitchen, besides the range, a table and sometimes, a kitchen cabinet.

The food is very simple indeed. They haven't much bed linen and very few clothes. I haven't found out what they do with their money, because many, many of the people had to buy their food on credit because of lack of funds.

I am convinced that the reason they live so, when they really might afford themselves many more comforts, is because they don't know anything else. They were brought up in such homes themselves and so they are entirely sufficient.

The women are teachable and friendly. We are working now on plans for neighborhood and mother clubs. The social secretary at the Y. M. C. A. has two groups of Camp-fire girls to whom we are to give a series of talks later on, about the care of babies.

Does it not present itself to one as a splendid opportunity?



"THE FLUENZY"

Well, I shore am glad this here Fluenzy is over. Hit shore was a sight when it commenced! Everybody was acallin' in to the doctor's office, an' nary a doctor could you git. Mr. Smith and Mr. Johnson they wuz both tuck, and little Miss Robinson, God bless her, wuzz jest arunnin' every which way—Lawd—nearly crazy she wuz! Well, then, about the time our two doctors got well two more wuz sent down from Chicago. 'Taint that our doctors aint knowin' —they're the knowingest men around here, but both bein' sick an' puny like, after the "Flu," they needed more help.

Then the nurses begun comin' in, an' a Sunday ever'body got busy an' got the "Y", h'it bein' closed 'count o' the Fluenzy; got hit all cleaned up an' cots put in an' all. We like to a cleared out the commissary of blankets an' sheetin' an' pillars an' the like; an' the teachers from the school jes' pitched in an' helped like ever'thing—hit was a plum sight! Scrubbed the "Y" all up, they did, an' sewed sheets an' night gowns they did, an' helped nurse the sick, an' then, when them two visiting nurses from Chicago come down an' went around, the teacher ud go into the houses where the whole family ud be in bed an' do the cookin' an' redd up house an' all. Hit waz a plum sight! Mis' Jones an' that Farwell worker, they cooked at the "Y". 'Course they cooked sick folks food an' hit was good; but the folks here h'aint used to no such eatin', an' I declare we couldn't hardly get that Brown tribe to eat anything. Had the whole family in the hospital—Mr. and Mis' an' all the children. Oklahomie 'nd Wisconsin 'n Virginia 'n Kansas 'n Nebraskie—all they called fer wuz "Sweet milk, sweet milk;" 'n we had the beatenest time gittin' enough to go around. Ever'body's cows wuz dry. 'Twas a shame, too, 'cause nobody didn't have no stumick, seemed like, fer anything else. Some of the folks ud bring in sour milk from their churnin' and that holp us out.

I tell you, hit shore wuz a sight to see that hospital an' be in there of a night. Sech coughin' an' spittin' an' goin' on you never seen. Them nurses pinned paper bags on to the beds an' wanted the folks to spit into paper napkins an' put in so as it could be burned; but those sick jes' couldn't do hit no how. One o' them girls wuz the best tickled over that; says, "They can spit at an' hit a given spot five or six feet away with accuracy, but couldn't spit in anything so clost. Jim Harrison, you know, he had the pneumony fever, an' sick as he was he'd haf to raise plum up to spit. "Lay flat on your back an' try to spit in them things!" he says. Well, he got well anyhow.

An' that big fat Mis' Rogers ud rar right up an' spit plum acrost the place; never did larn no different. Had an awful onery turn about her, that woman did; even June didn't like to go near her—said "she'd spit right on him if he didn't watch out." Some o' the folks did larn to use the paper napkins, but for the rest, they put pans on the floor with paper in 'em an' then put paper all around on the floor in front of the cots an' they got along pretty well. June,

you know, he'd clean and burn up the paper—law, yes, he's the blackest nigger you ever seen; he was "orderly," they called him at the hospital, and ud do all kinds of odd jobs.

Yes, we had an awful sight of the fluenzy here. I wuz talkin' to one o' them Chicago nurses; one o' them that went back. Tall girl she wuz 'n awful nice turned. She wuz a'tellin' me that they didn't know who wuz sick an' who wuzn't when they fust come. So the doctors an' them nurses ud just start out an' go into every house; an, honey, there wuzn't hardly ary house in the whole camp that wuzn't tuck. Says that of the 2,500 people 1,400 had the fluenzy all at once an' nobody to do fer 'em. You couldn't get he'p for love or money. 'N washin'! The colored people wuz so scared of the disease they never come nigh anybody. An' that's where the school teachers come in. Jes' a sight in this world what they wul do for anybody. Cook, an' clean up the house an' the children an' all. 'S'a sight! Everybody shore wuz busy. An' them nurses! Miss Robinson she tuck charge o' the hospital an' one of 'em come on an' worked of a night in thar, an' the rest ud come in in the morning an' git everybody washed an' cleaned up; an' then they'd go out in town. One of 'em took keer o' School House Hill an' the Orchard, an' another had the new camp, an' the one from Louisville had Machine Shop Holler an' Colored Town.

There didn't hardly none of the colored people ketch "them flues," as they says. But law, they're allus adoctorin' theirselves up with yarb tea an' sich. I guess they couldn't ketch nothin'!

The nurses took on a sight about the mountains, liked the looks of 'em an' said they thought the town looked so purty built along that mile o' valley, with the mountains on each side an' the openin's of the mines here an' there on the hillsides where you could see them from anywheres, an' the coal thunderin' down the chutes from the tipple an' all, an' the little ole Looney Creek hurryin' on over the rocks like hit couldn't git out o' the hills fast enough.

Well, 'tis a nice camp. Dr. Smith says hits the nicest in Kentucky. Course it's muddy when the weather's bad, but hit'll be better when they build them side-walks they're talkin' of. You see, the camp's only eight or nine years old. Got a nice hotel an' all. 'Lectric lights an' runnin' water an' all. Houses are all o' frame o' course, but they're pretty comfortable—got plenty o' windars an' grate fars. I do love to look at a nice grate far of a cold night. Hits plum comfortin'. You ort to git up thar on the cut bank by the new mines an' see how the town's laid out. Jes' as even an' purty! Jes' like city

squar's. Have three churches—a white an' a colored Protestant an' a Catholic. An' when the "Y" is open have movin' pictures, an' sich like. Have a "Y" in colored town, too. Says they, "Lots o' nice people here." Well, they are. Not many furriners; a few Hungarians an' Syrians an' Italians, but they're nice too. All of 'em. Hit's a sight in this world wher all the people come from that are here. Washington 'n Michigan 'n Oklahoma 'n Tennessee 'n California 'n lan' knows where.

Specially when the Company gets in those transportation men. Come from everwhar. Some of 'em stay a week an' some longer. Some go away the same day 'most an' some stay all the time. 'Course they can make a lot o' money here, an' no place to spend it. Dry county, you know, but they do get drinkin' licker in sometimes, spite o' that. Man brung some in last week an' sold hit fer $12.00 a quart.

The men that loads coal in the mines is the highest paid. Git $1.85 a load, an' a man can make five to eight loads a day. Silas Johnson's a hard workin' man, you know, an' he makes $15.00 a day year in and year out. Most o' the men don't work so stiddy though. Lots of 'em shiftless, you know. 'll work two days a week an' git along on that. Loaf most o' the time.

The men that pulls an' loads coke at the coke ovens kin earn $10.00 a day too if they've a mind to. Though hits sich hot work they can't keep at it stiddy ever day 'thout jist agivin plum out. My man hain't made over $4.50 a day sence he had the fluenzy, an' I'll declare hit don't look like hardly nothin' to me.

Shore, they has accidents sometimes, but haint had many lately. That is bad ones. Have a safety first man allus ready an' them doctors an' nurses. They take keer of ever'body that git's sick in the hull camp. Hain't nobody 'lowed to live here lessn they work for the Company. Don't cost us nothin' fer medecine er nothin'. Yes, they're particular about the health o' the men that goes in the mines. All have to have a certificate of health from the doctor. Have to have good eyes an' heart an' allus are examined for rupture 'fore they work anywheres.

Yes, allus had a doctor an' a nurse here since the camp commenced, but hain't never had nothin' like this here Fluenzy before.

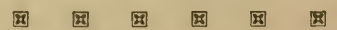
SOME SIDE-LIGHTS ON THE INFLUENZA EPIDEMIC

The Visiting Nurses' Association of Dayton, Ohio, consists of a staff of 12 nurses, doing generalized nursing, including district visiting, bedside care, infant welfare, tuberculosis nursing and instruction, school inspection and contagious disease instruction and investigation.

The epidemic became very severe at Camp Sherman, Ohio. Extra nurses were needed to help in the Base Hospital, and as Dayton had not at that time many cases, three of the nurses from the staff were released temporarily and sent with a unit of ten to Camp Sherman. Then help was asked from the Hospital at Wilbur Wright Field, situated outside of the city limits of Dayton. Two nurses were released from duty and sent there, remaining three days. It was necessary to recall them, as the epidemic was becoming severe in Dayton. With the depleted staff of public health nurses, it was necessary to ask for outside help. Married nurses with families, were on part time duty. The Red Cross opened a registry for practical nurses, male nurses and nurses' aides, and sent these women to every case where the visiting nurse could not give the required time. The two hospitals, one of 300 beds and the other 500 beds, refused all cases except emergency and threw open the wards, private rooms, and all available space for influenza cases. The visiting nurses sent whole families that were ill to the hospitals, none were refused admittance.

The number of cases of Influenza was not as great in Dayton as in many cities; only 280 cases of Influenza were reported in October. The total number of influenza cases at the end of December was 479; total number of pneumonia cases, 178. The population is 143,000. All schools, saloons, and churches were closed, public gatherings were forbidden.

In December, cases again became prevalent. A valuable piece of work was done by the nurses in school inspection, among absentees from schools in the vicinity where influenza was prevalent; a percentage of cases was obtained and this resulted in closing all grade schools, as a medium of spreading the disease.



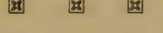
The Journal of the American Medical Society publishes the following note in regard to aid for epidemic patients in Philadelphia:

"For the Purpose of research, as well as aid to convalescent influenza patients, the Visiting Nurse Society has launched a complete follow-up investigation of the 4,050 cases of influenza under its care during the epidemic. The purpose is two-fold: to help those who need money and to keep in touch with those who have apparently recovered without regaining normal vigor. The Emergency Aid and the National League for Women's Service are coöperating with the Visiting Nurses' Society in this follow-up work."

In our February issue we published some notes in regard to the epidemic in Sacramento, Cal.; we have received some additional information from Mrs. Estella Edson, who organized the nursing care:

"The County Hospital," says Mrs. Edson, "was running with only three pupil nurses, as the others were sick, and it would have had to close its doors if the Chairman of the Nursing Committee had not secured aids; at one time we were sending seventy women daily, working in eight-hour shifts. Two of our citizens opened a temporary hospital; they had the assistance of the Red Cross, but they stood all the expense * * * The Sisters of St. Francis, in charge of St. Stephen's School, opened a refuge for the well children of the homes that had been invaded. On the opening day, November 1st, one babe was received; up to November 26th, the day the refuge was closed, the sisters had cared for thirty-six children. The highest number cared for at one time was twenty. Owing to the conditions of the homes because of the misfortunes of sickness and death, the children were sadly in need of the physical comfort of cleanliness, food and clothing. These were supplied through the kindly ministrations of the Sisters, the thoughtful help of individuals and the generous assistance of the Red Cross Influenza Committee."

A recurrence of the influenza was experienced, starting about two weeks after the masks had been taken off; as soon as the masks were put on again the epidemic began to go down.

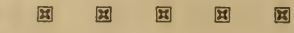


Miss Sabina M. Fritsch, of the Sanitary Zone, Houston, Texas, reports as follows:

"During the influenza epidemic the office of the Nursing Department served as a central registry for all nurses and nurses' aids. One hundred and thirty women registered here and about 400 families were provided with nursing care by this means. The advisability of opening an emergency hospital was discouraged, and the cases that could not be handled in local hospitals were cared for in the homes. The influenza epidemic marked the most serious happening during our seven months' connection with the U. S. Public Health Service. The work has been full of interesting incidents and even in the newness of the broader plan of work we have seen some good results."

Writing from Los Angeles, Miss Agnes G. Talcott, Chief Nurse of the Bureau of Municipal Nursing, says:

"Our generalization plan has worked out even better than we had hoped and I have been thankful many times during this dreadful epidemic that we had adopted the same, for I do not see how we could possibly have handled the situation in any other way."



In the entire United States four hundred thousand or more deaths due to the influenza epidemic occurred during September, October and November, according to the estimate made by the American Public Health Association's subcommittee on the history and statistics of the epidemic. An estimate by Edgar Sydenstricker, statistician of the U. S. Public Health Service, which "is confessedly rough and intentionally is made conservative," places the probable total of deaths for the same period between 300,000 and 350,000.

HELP FOR THE INSIDE WOMAN

Editor's Note: In one of our Editorials in the January number of this magazine we spoke of the wide-spread ignorance of the home-keeper—the wife, the mother—in matters pertaining to her profession; her lack of knowledge in matters of household hygiene, sanitation, and the care of the health of her family. We are particularly glad, therefore, to call attention to the classes in Elementary Hygiene and Home Care of the Sick being given by the Red Cross to this very type of woman to help fit her for her daily duties in the home.

Among the subjects treated in the Course are: Cause and transmission of disease; care of the house; air, ventilation, heating and garbage; food, ice water; personal hygiene; hygiene of infancy and childhood; beds, bed-making; general care of the sick in their own home. The general and broad character of these subjects shows the practical trend of the instruction for the housewife and mother.

The war has proved the soundness of the doctrine of preparedness in many other lines besides that of military necessity, and one of the most vitally important is that dealing with public health. Preparedness is sort of twin sister to prevention, so called popularly, or prophylaxis, to use the nomenclature of the medicos.

The Red Cross, strong in its advocacy of preparedness, is calling to the women of the country to acquire that knowledge which preserves health and the information which will fit them to meet the emergency. The pressure of war work lifted many women of the leisure classes out of the slough of idleness and while that comparatively new energy still has vitality, the Red Cross is endeavoring to

divert it into other channels of public service. For this reason it has instituted the classes in home nursing to which women from every walk in life are invited, the lectures being given at different hours to accommodate individual needs.

Mrs. Whitelaw Reid, wife of the late Ambassador to the Court of St. James, has given the use of her home at 453 Madison Avenue, New York City, as a teaching center. There are fifteen lessons in the course and classes are held three or five times a week. One group meets at 9:30 a. m., another at 2 p. m. and a third class is held two evenings a week for business women.

The value of these courses is being recognized by business men and large employers and some of the large and more progressive concerns have given excellent coöperation to the Red Cross by inaugurating classes under Red Cross teachers at their establishments. The employers not only allow the time but pay the tuition. Their people have entered most heartily into the work and the executives believe that through the application of the principles of hygiene received in the course the health of their forces has been improved and consequently their efficiency increased.

The practical worth of the courses was demonstrated most forcibly during the influenza epidemics when doctors were working almost the clock round and nurses were next to impossible to secure. The women who had previously taken the Red Cross courses were entirely capable of handling members of their own families, friends or neighbors who were stricken, thereby being independent of a nurse's services and demanding fewer calls from the physician.

Girls of sixteen and over are eligible to the classes. In several instances young women who took the course merely to add to their fund of general information became so interested in the profession of nursing that they have since entered training schools and enrolled for the regulation course. It is hoped that in the near future girls under sixteen may secure some instruction in home nursing in the schools under Red Cross auspices. The membership of each class is limited to fifteen members, thereby permitting each woman to receive a large share of personal attention from the instructor in charge.

If the war has taught us the necessity for conserving the natural resources of the land, it has taught us a still stronger lesson in the conservation of our human resources. The ravages of the war which we have to repair as best we may, will demand so large a part of our energies that we shall have none to spare for the waste

wrought by preventable disease and avoidable accidents. To a great extent women are the guardians of public health. In these enlightened days when the dissemination of health and hygiene knowledge is so general, ignorance is almost criminal.

The pity is, that the fact must be admitted that it is not always the woman of the tenements who is the offender in this particular. Her place at the very bottom of the social ladder has been her salvation. She has been sought out by the public health nurse, the charities have taken hold of her, and education of a certain rudimentary, but saving kind, has literally been thrust upon her. In most instances she has responded according to her limited mentality.

It is the phlegmatic woman of any one of the various middle classes, who has never been in extremes, who sits back and rocks complacently no matter what world struggles may be in progress so long as the tenor of her own easy going life is not disturbed, who is the greatest menace to health as well as progress. The species is disappearing, but there are still a sufficient number of survivors to be dangerous.

This class of women cannot afford, as a general rule, to have specialized help for the care of their children or other members of the family when ill, although they are comfortably situated under ordinary circumstances. The obvious thing for them to do is first to keep their families in the best health possible through sane living and the adherence to the simple rules of health and hygiene, and then to be able to ward off severe illness, as so frequently may be done, by proper care and corrective measures. A woman who takes intelligent care of the family's health not only benefits herself to an incalcuable degree, but is an important factor for the general public good.

The Red Cross is trying through its classes in home nursing to arouse every woman to her own individual responsibility, not only for the health and happiness of her own family, but for the welfare of the community. Each family is an integral part of the whole and in just so far as the units of a structure are sound may we depend upon its strength.

WAR AND THE PUBLIC HEALTH NURSE

HELPING CHINESE UNITS IN FRANCE

LILLE, FRANCE.
January 11th, 1919.

Dear friends:

The largest hospital in the world, exclusively for Chinese is not in China, but in France. It serves our 140,000 Chinese laborers.

Half way between the mouth of the River Somme and Abbeyville is the village of Noyelles. On a hill about a mile out is the Chinese Base Hospital. It has accommodations for 1,500 patients but at one time room was made for 300 more. The Staff numbers sixteen foreign doctors and 300 nurses and attendants. The chief of Staff is Colonel Gray, formerly of the British legation, Peking, and many of the other members are medical missionaries from China.

The hospital buildings are not make-shift affairs to be shifted or abandoned over night, but constructed of wood, iron and tar paper. Some of them are even sheeted with pressed paper on the inside. There are plenty of windows and each building has its stove. All of them conform to one of the Chinese customs and are one story in height. The buildings are on either side of short streets running into a wide central road.

This remarkable hospital has most of the modern conveniences for the treatment of the sick. There are medical and surgical buildings or wards, and besides these special ones for tuberculosis, influenza, trachoma, venereal, contagious and emergency cases.

There is a detached area enclosed by double rows of high barbed wire entanglements, with guards at the entrance. There are sixty patients in the buildings within this area. All of them are insane.

The saddest place of the whole hospital to visit is the isolated camp for lepers. There are sixteen of them; as we entered, all of them who were able to do so stood up at attention. The leper nearest me saluted. I noticed his bandaged hand. Dr. Auld told us that it would not be long before his fingers would begin to drop away. I saluted President Wilson in Paris. I have saluted two of the famous generals of France. In each instance my salute was more than a perfunctory military courtesy for I was deeply grateful to be on this side of the Atlantic. These were salutes I shall not forget. Now I shall add a fourth, this one I exchanged with a coolie, a leper, far from home with small chance of his being buried near his ancestral graves.

We passed a small compound where a Tommy was feeding his fifty rabbits and guinea pigs. These were for use in the bacteriological and pathological laboratories. We saw one of the doctors at work putting together a new microtome of the most modern make. Adjoining this laboratory was the post-mortem room. A long building specially heated was divided into three sections, the operating room in the middle with X-Ray and sterilizing rooms at the ends. At the edge of the camp was the incinerator which is kept going day and night burning refuse and garbage.

The doctor then took us to the little graveyard where 350 laborers lay buried. Over each grave was a white cross giving the name, military number, company and date of death. I have seen many graveyards and isolated graves in France, recent ones, but none of them were better kept. The Chinese have started a fund to erect a memorial arch in Peking to commemorate the lives of those who lie buried in France. One coolie gave a third of a month's pay.

Right in the heart of this hospital camp is the Y. M. C. A. When we arrived late one afternoon we found the hut packed with men playing Chinese Chess, throwing quoits, eating our western ginger snaps, smoking and drinking tea around the stove. A few were making appointments with the Chinese Secretaries to have letters written home. Three convalescents were fixing up the stage for a theatrical performance by Chinese to which the whole camp was looking forward.

There were three foreign and four Chinese Secretaries who came in from the other Chinese units near Abbeyville. By moving out some of the furniture we were all able to squeeze into the local Secretaries' living room to eat a Chinese meal.

After supper I gave a lecture on "Health Conditions in China." Lieut. Hawkins, an old tennis partner of mine from Shanghai, happened to be attached nearby and operated the lantern slides machine. The audience was made up of "Y" Secretaries and the hospital medical staff. I was able to throw on the screen pictures I took myself in China showing several of the medical missionaries present in the audience.

The Y. M. C. A. is rendering a needed service to the Chinese. There are 90 centers in the B. E. F. in which the "Y" has established its work. There are 85 Chinese and foreign Secretaries. In this Lille region there are 16 canteens and only a staff of five men. But the Army officers have detailed sergeant orderlies to run them. The work for Chinese is just opening up in the French and American Armies.

There was one company where the officers had trouble constantly. Fines and court martials failed to solve the problem of discipline. The men were in bad spirits and uninterested in their work. During off hours they gambled and quarreled. Then a Y. M. C. A. canteen hut was set up by a Chinese Secretary. Ten days later the C. O. came to the "Y" Headquarters to express his thanks. "I don't know what that Chinese Secretary lectured about or what he has done to my Company of Chinese," he said, "but I have not had a single case of trouble of any kind since the third day after his arrival."

Mr. G. H. Cole and I visited the General in charge of all labor in the British Army. At first these army officers were a bit skeptical about allowing "Y" work to be started for the Chinese. Imagine Mr. Cole's delight when the General said, "We must have some more of your men for our Chinese Units. What can I do to help your work?" When Mr. Cole brought up the question of sending "Y" representatives on transports returning Chinese, the General objected, "I don't think much of that. I'm not keen to have your present staff depleted. You would need to send 70 men if you only sent me one man to every 2,000 Chinese." But he showed his confidence in Cole by promising to take the question up with the Adjutant General. The British Army officers welcome this work and coöperate wherever possible. We are assured that the Chinese will be kept in France for at least another year on their three or five-year contracts. Most of the Chinese arrived late in 1918.

Messrs. Cole, Hersey and I are making this inspection trip by automobile. We sent the regular driver back to make room for our blankets and bags. I am driver pro tem of an old Sunbeam car. Our route is Paris, Dieppe, Abbeyville, Boulogne, Calais, St. Omer, Lille, Arras, Cambrai, Abencourt, Amiens, Rouen, Dieppe, Le Havre, and back to Paris, in thirteen days. The road took us into the devastated area at Bailleul. We passed village after village totally in ruins. Not a house inhabited. In front of one abandoned house we saw a cat sitting on the doorstep. The baby cat had been blown out on the street. Passageways for traffic had been cleared through what once were the streets and the shell holes had been filled in. On either side of the road in the country were shell holes, barbed wire entanglements, camouflages, gun emplacements, and trenches as far as the eye could see. Here and there were broken lorries, shell dumps, ambulance vans, guns, helmets, and gun carriage wheels. We also saw two airplanes which were partly embedded in the mud and abandoned where they fell. Practically all of the Chinese in this area are being used in salvage work.

The Chinese are seeing a sad side of our western civilization. I sometimes wonder what outstanding impressions they will carry back with them to China. Coolies they are it is true, but theirs is a simple philosophy of life interspersed with an abundance of common sense. When they get back to China, what tales will they tell in their homes and to their friends gathered in the tea-houses? Coolies though they be, not one but will have a larger hearing than many foreigners have ever secured. It would not surprise me to hear of officials in the districts from which those men come calling in these plain men to hear from their own lips the ungarnished tales of life as they have had to live it over here. Then they will hear what these men are doing and seeing and thinking now. France is now a great school for Chinese. The greatest hospital for Chinese in the world numbers 1500 patients. The greatest school for Chinese in the world is also here in France. There are 140,000 pupils. The Y. M. C. A. men are the latest and perhaps among the most important additions to the faculty of this school. Our graduates will scatter to all parts of China. Their experience in France no doubt will be the biggest thing in their lives and one in which all the Chinese with whom they come into contact will be interested. We must therefore reckon on a new body of men, 140,000 strong, going back to China as interpreters of our western civilization. What will they say?

Cordially yours,

W. W. PETER,

Ass. Div. Bureau of Public Health Education.

Ass. Div. Chinese Y. M. C. A.

FOOD SHOPS FIND THAT SANITATION PAYS

The following interesting note appears in the U. S. Public Health Service Report of January 24:

As a part of the work to help safeguard the health of soldiers in the various Army camps throughout the country, the United States Public Health Service has carried on intensive health work

in a definite area around each such camp. Among the activities embraced in this work was the supervision and control of establishments handling foods, such as restaurants, cafes, soda-water stands, butcher shops, markets and the like. It was perhaps natural that the inauguration of these measures should arouse antagonism on the part of the establishments regulated. Sooner or later, however, the discovery was made that the general public quickly shows its appreciation of improved sanitary conditions and patronizes, by preference, the establishments where such conditions prevail.

In this connection we reproduce a letter recently addressed to the Surgeon General of the Public Health Service by the proprietors of cafes, restaurants and lunch rooms in Tacoma, Wash.:

It is the opinion of the restaurant proprietors of the city of Tacoma, of which the undersigned represent the better class, and which enjoy a very large proportion of the soldiers' trade, that some recognition of appreciation be shown the inspection given by the United States Public Health Service, for the help given and patience shown in bringing our establishments up to a higher standard of sanitation and of the care of food.

We are free to state that at first we thought a great many of their requests were a little harsh and unjust, as it meant, in a great many cases, the reconstruction of our places and likewise equipments; but in a short time we realized it was for our own good as well as financial gain, for prior to these inspections we had practically no one to show us corrections that were to our advantage.

THE PREVALENCE OF TUBERCULOSIS

Writing in *The Vocational Summary* for January (Published by the Federal Board for Vocational Education) May H. Pope gives some interesting data in regard to the prevalence of tuberculosis in the United States and in certain foreign countries.

The annual death toll in the United States from tuberculosis is between 150,000 and 200,000; even in the days of peace this disease is ahead of all others in mortality. We are not surprised, therefore, that the records of the War-Risk Insurance Bureau give tuberculosis as the greatest of all causes of disability among discharged soldiers.

In the first draft approximately 40,000 men were rejected as being tubercular, and 10,000 of those accepted were soon discharged after more careful examinations made by the Army medical boards.

Dr. Farrand, who is the director of the American Commission for the Prevention of Tuberculosis in France,* stated:

*Dr. Farrand is now Chairman of the Central Committee of the American Red Cross.

"Though the sacrifice of lives in the present war has been so enormous as to make all previous losses on the battlefield appear slight in comparison, it nevertheless appears to be a fact that this frightful war mortality does not exceed, and indeed may be exceeded by, the deaths from tuberculosis under ordinary conditions, if equal areas and periods be considered. In the four years since the war began the total number of deaths from tuberculosis among the civilian population and in the armies of all the countries engaged has at least approximated the total number of soldiers killed in battle.

"The size of this new-old problem is further verified by statistics from other belligerent countries.

"In August of last year Serbia had 1,600 soldiers under treatment in northern Africa and France.

"In the Austrian Army deaths from tuberculosis increased from 15 per cent in 1915 to 32 per cent in June, 1916 (the last figures available), while in the German Army the number of men discharged on account of tuberculosis within three years was reported to be 37,000.

"The figures of the French Army are still more significant. From August 2, 1914, to October 31, 1917, 87,579 soldiers were discharged because of tuberculosis; though the French Minister of War stated that after more rigid examination only 20 per cent of these were found to be really tuberculous; and Landouzy, the distinguished French physician, is of the opinion that those who were found to have an active tuberculosis had brought the disease with them into the army.

"There are 40,000 discharged tuberculous soldiers reported at the present time in Great Britain. These facts show that a large part of the work of rehabilitating the returned soldier is to be related to that which concerns the tuberculous."

NEWS FROM NURSES ON ACTIVE SERVICE

We shall be very glad if those of our readers who receive letters of general interest from nurses on active service abroad—especially Public Health Nurses—will let us have copies of them, or extracts from them, for publication in the PUBLIC HEALTH NURSE.

ACTIVITIES OF THE NATIONAL ORGANIZATION

LIBRARY DEPARTMENT

MATERNITY

Bibliographies

B'klyn (N. Y.) Pub. Library Bull. Oct. 1918	Children's Year in the Library.
West, Mrs. Max	Pre-natal problem. Nat'l Assn. for Study and Prevention of Infant Mortality Trans. 1915. Page 228.

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Jordan, M. E.	Care of the mouth during pregnancy. Amer. Jour. of Nursing. June, 1916.
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Beard, Mary	Series of talks on public health nursing. Pt. 4, School nursing, well baby nursing and maternity nursing. Jan. 1917.
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Belt, Mabel	Review of reports on war work in England, France and Germany, with special reference to the care of women during pregnancy and labor. 1917.
Freeman, R. G.	Disease conditions in older babies that can be attributed to pre-natal influence. 1917.

Children's Bureau Publications

Hunter, E. B.	Infant Mortality: results of a field study in Waterbury, Conn. 1918.
Meigs, G. L.	Maternal mortality. 1917.
Moore, Elizabeth	Maternity and infant care in a rural county in Kansas. 1917.
West, Mrs. Max	Prenatal care. 1915.
	When to begin the care of the baby. 1918.

Other Pamphlets

American Assn. Infant Mortality	
Boston (Mass.) Instructive District Nursing Assn.	Advice to expectant mothers. 1918
Bridgeland, Eleanor	Information for expectant mothers. (Metropolitan Life Ins. Co.) 1918.
Carnegie United Kingdom Trust	Report for England and Wales Report for Ireland } for reference use. Report for Scotland—625 pages
Hollingshead, F. M.	Maternity hospitals as a rural need. Ohio Pub. Health Jour. April, 1918 (also issued as pamphlet).
Holt, L. E.	Save the babies. Chic. Amer. Med. Assn. (Also distributed by the N. C. State Bd. of Health.)
Nat'l Comm. for Prevention of Blindness	Third annual report. Page 18.
Nat'l Social Unit Organization, Cincinnati, Ohio	Statement of the practical experience on which the Unit plan is based. May, 1918.

Reprints

Reprints have been made from the following articles which appeared in the January and February issues of the PUBLIC HEALTH NURSE and may be obtained from the Librarian, 156 Fifth Avenue, New York.

Rules for the Physical Examination of School Children in Extra-Cantonment Zones AND
A School Record for Small Towns (Susan Norman). Price $0.03
The Industrial Nurse in Relation to Public Health (Jeannette D. King). Price 0.02
Mobilizing Visiting Nurse Directors in Massachusetts (Gertrude W. Peabody). Price 0.02
Some Ways in Which Parents May Safeguard the Health of Their Children (Florence A. Sherman, M. D.). Price 0.02

BOOK REVIEWS AND BIBLIOGRAPHY

HYGIENE OF THE EYE. By Wm. Campbell Posey, A. B., M. D. 344 pages; 120 illustrations. J. B. Lippincott Company, Philadelphia.

A mere recital of the offices held by the author of this valuable book will indicate somewhat its importance in the professional world, and being brought down as far as possible toward non-technical language, it also is not at all beyond the comprehension of the general public. Dr. Posey, as indicated on the title page of his book, is ophthalmic surgeon to the Wills and Howard Hospitals, professor of diseases of the eye in the Philadelphia Polyclinic, Ophthalmologist to the Department of Physical Education of the University of Pennsylvania, Chairman of the Commission on Conservation of Vision of Pennsylvania. While not radical in his suggestions, this author is also singularly free from hampering traditions and he does not regard the eye as the seat of half the ills of the body nor, on the other hand, consider it as quite independent of the rest of our anatomy and therefore unaffected by the general health or its diseases unrelated to other diseases of the body. To hear an oculist—not Dr. Posey—tell a dispensary patient, "I cannot cure your eye trouble unless you have that abscessed tooth taken out" gives one confidence and a hope that some day far more than now there will be recognized the impossibility of quite .restoring the health of one part of the body so long as another remains diseased. The whole man must be cured.

The writer of this review would like to urge the need to thoroughly overhaul any patient who is even somewhat ill and to treat not one part, the most obviously disordered only—as the much-blamed stomach—but the probably more obscure, but real cause or causes of disease. It is firmly believed that if "eye men," skin men" or other specialists—being often the first consulted by a patient—were more able at diagnosis or would insist upon a going deeper, for the causes of that which they treat by some one better equipped for searching out, if there is such a man available—if they themselves really knew why ofttimes, eyes require glasses, or the origin of many skin troubles, for example, humanity might be far on the way to release from some of its physical handicaps. A few catch phrases, "nervous exhaustion," "indigestion," "fatigue," have too long served to cover up a lack of able diagnosis when, *why* nervous exhaustion? *why* indigestion? not their names, is really that on

which the light of knowledge should be cast. But to get back to our book. We find in it chapters on the Structure of the Eye, Spectacles and Eye Glasses. School life; Artificial Lighting and Daylight Illumination; and on the various diseases of the Eye; a chapter each is given to the Influence of Optical Defects upon the General System, and the Participation of the Eye in diseases of the General System. There are discussed Wounds and Injuries, Effects of certain beverages and drugs, the Blind and their Education, et cetera, et cetera, ending with the Popular Movement for Conservation of Vision—in all, twenty topics that are well handled and from which may be got much valuable aid by workers amongst the sick or by just plain people. M. C. B.

HOUSEWIFERY. By L. Ray Balderston, A. M., Teachers College, Columbia University. J. B. Lippincott Company, Philadelphia. 360 pp. 175 illustrations. $2.00 net.

A handbook of practical housekeeping offered to women in the hope that it may show in some measure how to reduce tasks in the home and how to save time, money and energy.

The Hospital Social Service Quarterly, the first issue of which appeared in February, is published under the auspices of the Hospital Social Service Association of New York "in the interest of social service and dealing with many problems of the hospital superintendent, doctor, auxiliary committee, volunteer and nurse" in relation to Medical Social Service. Subscriptions, $1.50 a year, should be sent to 405 Lexington Avenue, New York City.

The American Child Hygiene Association (1211 Cathedral Street, Baltimore, Md.) has published a leaflet "The Common Cold"—A plain talk about this much neglected ailment and the danger it carries with it." The leaflet may be obtained at a cost of 40 cents per hundred (postpaid), or $3.00 per 1,000.

"Information for Expectant Mothers" is the title of a new pamphlet just issued by the Metropolitan Life Insurance Co.

"Social Reconstruction" is the title of a pamphlet issued by the Committee on Special War Activities, National Catholic War Council, 930 Fourteenth St., N. W., Washington, D. C.

NOTES FROM THE FIELD

HOW ONE INDUSTRIAL NURSE STARTED HER WORK

The following interesting letter has been received from a nurse who is just beginning industrial work in connection with a large mill:

My dear Mrs. Haasis:

Have been wanting to write you for ever so long and tell you something about the work up here. I surely came at the right time for the Influenza Epidemic was at its height. The president of the R—— W—— let me have his car and chauffeur and I made twenty-five and thirty visits a day, giving nursing care and advice. The company gave me money to buy food and get a doctor where it was necessary. The Red Cross Chapter took the Salvation Army and opened it up for the sick. We moved quite a number of our employees there and I visited them day and night to see if they needed a doctor. They had practical nurses looking after the sick, and only a few at that, and I could always find something to do.

Now that the epidemic is over I am getting my work systematized. I have a corner of the employment office fixed up as a first aid room, but hope to have better quarters later on. Just at present the mill is only running half time and only employing six hundred—when they work full time they employ about eleven hundred.

I spend most of the morning at the mill, attending to dressings and looking up some of the employees that have been sick and hurt and insist upon them getting treatment, et cetera. Every accident is reported to me now, no matter how small it is. They have had several lawsuits—where the employee failed to report his accident and tried to claim compensation—and I am quite sure we can avoid anything of that kind happening again. In the afternoon I visit the absentees that have been out three days in succession, and give nursing care if necessary, not only to the employees, but their families, too.

I try to make at least ten visits a day and return to the mill about four-thirty to attend to some of the dressings, before the employees go home for the night.

I make a report of my visits to the foremen who have men or women out, and they are getting so interested in their people and want to know if there is anything they can do for them. I can see it is bringing them closer to their men—before they had a nurse they had no way to find out if they were sick, dead, or had quit, and now when they are sick the foreman usually visits them.

So far they have not asked me for a report of any kind, but I hand one in every month of first aid cases, visits, and social service work I have done.

R——has six fatherless families left by the "flu." The Associated Charities (churches of R——) have put appeals in the daily paper for a fund to help support these families. So far they have about eighteen hundred dollars.

The City Charity Board has promised to buy coal and milk and the fund will provide clothes, food and rent. Four of these families are from the R—— W—— Company, so I am more than interested in this undertaking.

I have enjoyed every minute of my work here. The people of R—— have been splendid and I like the people I am working for.

My uniform is grey with a white collar and blue tie. Have been talking to groups of girls every day at noon in their dressing rooms on venereal diseases, and giving them pamphlets on the subject. Have also started a first aid class—taking a person from every department.

I do not know just how far this work will go, but I think after the mill starts up full time we will branch out more.

NOTES FROM THE STATES

SOME INTERESTING NOTES FROM CHICAGO

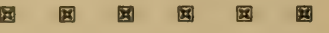
At the last Annual Meeting of the Chicago Visiting Nurse Association Mrs. Joseph M. Cudahy was elected President. Mrs. Arthur Aldis, who had served so successfully during the past nine years, was given an ovation. The many friends of both of these directors regret the necessity for the resignation of Mrs. Aldis, but rejoice to think that so able and faithful a worker as Mrs. Cudahy has consented to be her successor.

Interesting reports of the work of the year were read by the Chairmen of various committees. The following statistics proved as much of a surprise to the directors and the staff as to their guests:

During the past seven years, the Association has given 77 nurses to other public health nursing positions, 19 to post-graduate study, and 42 to active Red Cross army and navy service. Of course, other nurses have resigned to accept positions, but all of these 77 left the Association to go into bigger, more responsible positions than they were holding in Chicago. Of the 77, 10 left to become superintendents of other organizations; 5 to become supervisors; 3 to become instructors; 31 to become community nurses; and 16 to do industrial nursing.

During the year 1918, the nine supervisors made rounds 1,858 times with the nurses in the districts. The highest number of rounds made in any one month was 192 in March; the lowest, 18 in October, the epidemic month.

In spite of the inroads made upon it by resignations of nurses for United States service and other positions, the staff averaged 93 nurses throughout the year, 9 of whom were engaged in infant paralysis after-care work. These nurses have under their supervision nearly 500 patients who had acute poliomyelitis in 1916, 1917 or 1918.



Pre-natal work in the Infant Welfare Society of Chicago is being carried on with the regular routine of Infant Welfare work in all districts but one.

The nurse registers only the mothers of registered Infant Welfare babies, for pre-natal care. Calls are made and the accompanying printed list of observations are noted. At the time of delivery the case is referred to the "Out Patient" Department of a hospital or to the physician desired by the family, and the Visiting Nurse Association carry the mother for post partum care. As soon as possible the mother brings the new baby for Infant Welfare care.

In one of the Italian districts, a nurse is doing intensive pre-natal work, and giving her entire time to it. For the most part cases come to her attention through observation and through the nurse's doing the regular Infant Welfare work in the district. The usual pre-natal home instructions are given. There is a weekly pre-natal clinic; one doctor from the Presbyterian "Out Patient" Department examines all women attending. The nurse in charge of the nursing service from the hospital assists at all these clinics.

The clinic is conducted in three rooms. The pre-natal nurse is in charge and meets all women as they come to the outside receiving room. Each woman having been instructed to bring a specimen for urinalysis, these examinations are made here, and the report sent on to the physician who makes the physical examinations, recording his findings, and indicating any instructions to be followed in the home. A regular clinic attendance of at least once a month is urged. If the nurse finds conditions indicating anything unusual, an immediate attendance is insisted upon.

When the clinic was started in October, the women came, received the advice of the physician and departed, refusing to be examined. After considerable effort on the part of the pre-natal nurse, this objection was overcome, and they now come very gladly for advice and examination. More and more it is possible to eliminate the mid-wife from the problem. As the mother becomes accus-

tomed to the care of the physician at the clinic, she is less opposed to having a male physician at the time of accouchement, and this counts for much.

A plan is being worked out whereby material for layettes is available on clinic days, and the nurse is instructing the mothers in the making of simple satisfactory garments. Time is planned so that women desiring may stay and make up the material and have their garments for a nominal sum.

In order that a record of pre-natal cases may be kept on file, all pre-natal records are a distinctive color.

PRE-NATAL VISITS—LIST OF OBSERVATIONS

1. General condition and appearance. Color, cheerfulness, apprehension, strength, dyspnoea. Pain in back (belt).
2. Swelling of face, hands, feet; varicose veins of legs; hemorrhoids.
3. Nausea and vomiting. "Heartburn" (oil or cream one-half hour before eating).
4. Headache. Toothache.
5. Vision, dizziness, blurring, spots or flakes before eyes.
6. Leucorrhoea. Blood.
7. Urine, at least one quart daily. Specimen. Frequency, burning painful? Sudden reduction in amount dangerous.
8. Bowels free? Flatulency. 1. Diet. 2. Fruit. 3. Enemata. 4. R. Senna prunes. 5. R. Cascara. 6. Co. licorice powder.
9. Breastband nipples. Clean and dry. Lanolin if necessary. Did she nurse her other children? How long? Or why not? Support if necessary.
10. Feel life after five months. See physician.

Supplies for labor

1. Besides the usual kitchen utensils and bedding have ready: 2 lbs. absorbent cotton. One piece oilcloth to protect the bed. A piece of castile soap. Plenty of newspapers. A clean blanket to wrap the baby in. A clothes basket for the baby's bed.
2. Prepare mind for signs of labor and probable course, especially after for first labor.

1. Urine: Color—Normal. Amber. If high or dark, too concentrated, drink more water. Spg., normal, 1021. If 1025 or higher, too concentrated, drink more water. Acidity—Normal, slightly acid. If very acid, too concentrated, drink more water.

   Albumen Heat tests and dilute (½—5%) acetic acid; if a distinct cloud forms, report to doctor.
2. Blood pressures: Normal, 110-120. Lower is harmless. Rise from individual average, report and watch. Pressure of 140-160, report and watch; 150-170, investigate and treat immediately; 160-190, dangerous; 170-230, usual before or in eclampsia.

TUBERCULOSIS NURSING IN DANVILLE, ILL.

The following account of the work of the Danville (Ill.) Tuberculosis Nursing Service is reprinted from the *Danville Commercial News:*

"The first year's history of the Municipal Tuberculosis Dispensary has been a most interesting one. Since its establishment there have come conditions to the city which have made the dispensary more than ever indispensable.

"Primarily, the purpose of the dispensary is to diagnose and treat tuberculosis, isolating the patient so that the danger of contagion to his family is minimized. Nursing service is given free to such families; and the hundreds of cases that have been brought to light have been a source of amazement to citizens and officials inclined to believe that the presence of the dispensary was superfluous.

"Three workers have made the dispensary a haven of mercy literally to thousands of suffering men and women and children. They are Miss Ella Wheeler and Miss Minnie Hahn, Public Health Nurses, and Dr. Robert Clements, diagnostician. The work done by the Public Health Nurses needs no comment. Not a community in Danville but has felt their influence and seen them at their work.

"For the work of these nurses looks to the prevention of tuberculosis, as the primal duty. In this connection, they have allied themselves with the baby welfare movement; and many grateful mothers' hearts acknowledge that the presence of the little ones in their homes today is due to the gentle care and competent advice given by the Public Health Nurses. In the work of weighing and measuring the babies, in accord with government orders, they were an invaluable help; and were instrumental, with the Woman's Committee of the Council of Defense, in establishing a weekly baby clinic at the Jackson school, where it was possible to watch the growth and development of the babies who came there. This clinic was temporarily discontinued when the influenza epidemic reached a threatening stage.

"Through the efforts of the dispensary staff, an infantile paralysis clinic is held in the city regularly, the State Board of Health coöperating to the extent of sending the infantile paralysis expert from that board to these clinics. To these clinics came the poor little crippled children who have suffered an attack of that dread malady; and to all for whom there is hope, treatment or surgical care is provided.

"During the influenza epidemic, these nurses gave free nursing service to a thousand patients, going from house to house from earliest morning until late at night, doing the things that must be done if lives were to be saved. When the Rosenow serum arrived, a certain amount of it was placed at the dispensary, where it was given free of charge to hundreds of patients, under the supervision of dispensary officials. And never a day goes by but the dispensary is called upon to render some service that would be impossible except for its existence.

"Altogether the dispensary has had a wonderful year; and is now facing the urgent need of additional nurses."

PUBLIC HEALTH NURSING SCHOLARSHIPS AWARDED IN CONNECTICUT

Through the generosity of the Woman's Committee of the Connecticut State Council of Defense, the Child Welfare Department of the Connecticut State Council of Defense was given $1,900 to be used for scholarships to train registered nurses in public health nursing. These scholarships were to be awarded on the condition that the recipient return to Connecticut and work one year in some of the towns that are waiting for trained public health nurses before starting their work.

The fund is sufficient to care for eight scholarships, but because many of the applicants did not have the necessary qualifications and some who were eligible sent their applications in too late to be considered, only five were awarded at this time to the following nurses:

Beatrice Olson,	Naugatuck, Conn.
Marjorie Vail,	Hartford, Conn.
Helen Sheils,	New Haven, Conn.
Jean Manning,	New Haven, Conn.
Sara Keevers,	New Britain, Conn.

These nurses went to Boston January 31st, where they will take the four months' course given under the joint management of Simmons College and the Instructive District Nurses Association.

We feel that Connecticut is very fortunate to be able to award these scholarships. It is the beginning of the realization of one of the aims of the Child Welfare Department; namely, to have a public health nurse in every town or group of towns.

PUBLIC HEALTH NURSING COURSE IN MICHIGAN

The University of Michigan now offers a Course in Public Health Nursing. The first, emergency course will cover but four months, divided between theoretical work at the University and field work in neighboring cities and towns. The field work will include general visiting nursing and specialized forms of public health nursing, including prenatal, maternity, infant welfare, school, tuberculosis, contagious, industrial and rural nursing. Tuition for the course will be $26.40 for residents of Michigan, $38.40 for non-residents. Some scholarships of $250.00 will be available. Further information may be obtained from Professor Dora M. Barnes, Room 329, Science Building, University of Michigan, Ann Arbor, Mich.

Mrs. Tracy W. McGregor entertained the public health nurses of the Department of Health and the Visiting Nurse Association of Detroit, Mich., at the Hotel Statler, on Thursday evening, January 23rd, 1919. The guests of honor were Miss Agnes G. Deans, who has been assisting in the Department of the Red Cross Nursing Service in Washington, D. C., Miss Dora M. Barnes, Professor of the new Department of Public Health Nursing at the University of Michigan, and Miss Minnie H. Ahrens, of Chicago, Director of the Bureau of Nursing of the Central Division American Red Cross.

A NOTE FROM MINNESOTA

The Minnesota Public Health Association, in discussing the wholly inadequate medical and nursing service in Minnesota, recently made the following statement:

"We are bending every effort to organize county public health associations, and are already in touch with seventy-five of our eighty-six counties in this matter to instruct people in the need, amongst others, for pre-natal and post-natal medical service. We are conducting a state-wide health tournament dealing with 15,000 teachers and 500,000 children to educate children to educate their parents in health matters. We have sent out public health demonstration nurses into eight-four counties, and are continuing to send them out. The director of our public health nursing is now making a tour of the state to ensure a future nursing service to include pre-natal and post-natal care. We are financing to a large extent the Public Health Nursing course held at the University, issuing a health journal every week, and supervising health instruction in schools, all to educate the people to care for their own health and to seek proper assistance when necessary.

"But the whole work is handicapped, not by lack of funds nor by lack of cordial and intelligent coöperation, but by actual shortage of the nurses who can do this work. We are seeking legislation to simplify the employment of such nurses by counties; but beyond that is the problem of securing them at all. We shall continue to do all in our power to prevent the losses of child life in Minnesota and to improve the medical and nursing service. We stand ready and willing to accept and try out all reasonable suggestions, but while nurses are so difficult to get, progress must necessarily be hampered."

THE BEGINNING OF SCHOOL NURSING IN ARIZONA

Winslow, Navajo County, Arizona, away out in the "Painted Desert," is not out of the line of progress, as the city council has recently employed a public health nurse and offered her services to the superintendent of schools. This gentleman hastened to install

her in a handsome office in a beautiful school building, and offer her every coöperation from himself and staff of twenty-eight teachers. As the work is just sixteen days old, it is not possible to outline it definitely. Daily visits are made to each of the four public schools (there are no other schools) and home visits are made at the request of any teacher. As about one-fifth of the population is Mexican, many of these visits are made with the company of an interpreter, usually a very proud sixth-grade Mexican pupil. Red Cross classes in Home Hygiene and Care of the Sick are being organized and also special classes in Pre-natal and Infant Care for the Mexican mothers. Classes in health habits will be taught in the schools.

"If anyone thinks a little town like Winslow does not call for the best a trained worker has," says Miss Luella M. Erion, the nurse who is doing this work, "let her come out here and see for herself. There are 800 pupils in the schools, and the school nursing alone would keep a nurse very busy. Public health nursing in Arizona is new, but there are at least a dozen workers in the state and more are sure to follow. These western people know what they want, and are not slow to get it—also, the women vote, and the women like the public health nurse. One needs to be a good public speaker, a diplomat, and "a little bit of all right" to meet the need in the west."

WORK OF THE MISSOURI DIVISION OF THE WOMAN'S COMMITTEE

The Missouri Division of the Woman's Committee, Council of National Defense, through its Bureau of Public Information, has distributed much interesting publicity material in connection with the Children's Year campaign. A pamphlet has been compiled by the Bureau, "How to Keep Your Child Well—Lessons on Children's Diseases. How to Prevent—How to Treat," by twelve of Missouri's Eminent Physicians; and a Children's Year Playlet "Well Babies" has also been distributed.

A letter has been sent out to the State Chairmen of Child Welfare which states concisely the necessity for stressing the care of the teeth; and a carefully prepared dental chart has been sent to every teacher in Missouri to use in a series of lessons on care of the teeth.

SOME PUBLIC HEALTH NURSING STATISTICS

A survey for the twelve states included in the Mississippi Valley Conference, published in the *Illinois Arrow* of the State Department of Health for December, 1918, gives the following comparisons:

"In community nurses per million of population, Ohio leads the conference with 98. Illinois is second with 88. Number of nurses desired by communities ready to establish nursing service, 298. Community nurses in tuberculosis work, 1,499, representing 240 communities, total population of 12,840,525. Largest number of nurses is in Illinois, 531; next in Ohio, 490; smallest in South Dakota, 6. Largest number desired by communities ready for them, Indiana, 94; Illinois, 68; North Dakota, 52."

A BILL FOR THE HEALTH PROTECTION OF MOTHERS AND CHILDREN

A Bill (S. 4782) has been introduced into the Senate by Mr. Robinson "To encourage instruction in the hygiene of maternity and infancy, and to extend proper care for maternity and infancy; to provide for coöperation with the States in the promotion of such instruction and care in rural districts; to appropriate money and regulate its expenditure, and for other purposes."

The Bill provides for the permanent appropriation of $480,000 for each year, $10,000 of which shall be paid annually to each State; and a further appropriation for the use of the States, for the fiscal year ending June 30th, 1919, of $1,000,000; for the year 1920, $1,200,000; for the year 1921, $1,400,000; for the year 1922, $1,600,000; for the year 1923, $1,800,000; for the year 1924, $2,000,000; and annually thereafter the sum of $2,000,000. Provided, that no payment out of the additional appropriations shall be made in any year to any State until an equal sum has been appropriated for that year by the legislature of such State for the maintenance of the services and facilities provided for in the Act.

It is provided that, in order to secure the benefits of the appropriations made available through this Act, any State shall, through its legislative authority, designate the creation of a State board of maternity aid and infant hygiene, which shall have all necessary power to coöperate with the Chief of the Children's Bureau in the administration of the provisions of the Act; the members of the State board to be appointed by the governor and to consist of the following: The governor, ex officio, who shall be chairman of the board; a representative of the State board of health, who shall be a physician; a representative of the nursing profession, who shall be a graduate nurse, and in States where registration obtains shall be duly registered; a representative of the teaching profession, who shall be selected from the State university or the State college

of agriculture. The Chief of the Children's Bureau, under the direction and control of the Secretary of Labor, shall have charge of all matters concerning the administration of the Act, and shall have power to coöperate with State boards in carrying out its provisions. It shall be the duty of the Chief of the Children's Bureau, under the direction or with the approval of the Secretary of Labor, to make, or cause to have made, such studies, investigations and reports as will further the efficient administration of the Act.

Any State desiring to avail itself of the benefits of the Act shall, by its board of maternity aid and infant hygiene, submit to the Secretary of Labor detailed plans for carrying out its provisions. These plans shall include the provisions made in the State for the administration of the Act; the provision of instruction in the hygiene of maternity and infancy through public health nursing, consultation centers, and other suitable methods; and the provision of medical and nursing care for mothers and infants at home or at a hospital when necessary, especially in remote areas.

In order to provide popular, non-technical instruction to the residents of the various States, particularly to those to whom such facilities are not accessible, on the subject of the hygiene of infancy, hygiene of maternity, and related subjects, the State board of maternity aid and infant hygiene is authorized to arrange with the State university, land-grant college, or other educational institution for the provision of extension courses by qualified lecturers.

It is provided "that the facilities provided by the State board of maternity aid and infant hygiene under the provisions of this Act shall be available for all residents of the State, but the State board may require persons receiving specified services to pay a fee for the same under regulations approved by the Secretary of Labor;" and further, "That the receipt by any person of aid under this Act shall not be construed as the receipt of charitable relief, and shall not in any way affect unfavorably the legal status of such person."

THE PROPOSED MINISTRY OF HEALTH IN ENGLAND

The *British Journal of Nursing,* February 8th, gives an account of a meeting held recently in London in support of the establishment of a Ministry of Health. Dr. Addison, President of the Local Government Board,* was the principal speaker; and the extremely representative audience included many members of Parliament, and a number of nurses were also present.

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*The Local Government Board is a department of the government having supervisory powers which may be roughly divided into three classes, poor law, public health, and local finance. The president of this Board is almost always in the cabinet, and exercises, subject to the control of parliament, all the powers of the department. The Board's supervisory powers in local government are so wide as almost to justify the aphorism that "England is ruled by an order of the Local Government Board."

"The Chairman, Sir Kingsley Wood, M. P., opened the meeting on an exhilarating note, by stating that, fortified by the Prime Minister's pledge of an immediate and drastic reform of health administration, and the appointment of Dr. Addison as President of the Local Government Board, they were sanguine that early in the new session they would see the Ministry of Health established. He further announced that the Prime Minister had sent a special message to the meeting, wishing it every success, and expressing his belief in its object.

"Dr. Addison said that when he took his present office he did so on the understanding that the Bill to establish a Ministry of Health would be passed through Parliament soon, and as rapidly as possible. He claimed the good will and help of the great local authorities, the insurance committees, and the medical, nursing, widwifery and other organizations. * * * Of special interest to our readers was the declaration of the President of the Local Government Board that a great development of maternity and nursing services was needed. * * * The keynote of the Ministry of Health, said Dr. Addison, should be prevention."

Lady Rhondda, in supporting Dr. Addison, said that the new Ministry would need machinery to keep in the closest possible touch with public opinion, and emphasized the importance of establishing an advisory council of women; Dr. Addison, in the course of his replies to questions at the conclusion of the meeting, said that it was his intention to act on Lady Rhondda's suggestion and make use of the services of women.

CANADIAN LABOR CONGRESS IN FAVOR OF DEPARTMENT OF HEALTH

The Thirty-fourth Annual Conference of the Trades and Labor Congress of Canada, held recently in Quebec, passed a resolution in favor of the establishment of a department of health.

THE WAR AGAINST VENEREAL DISEASE

The United States Public Health Service, Division of Venereal Disease, is conducting approximately 175 clinics. During the period from November 15 to December 15, 1918, there was a total of 19,456 visits to 29 clinics, or an average daily attendance of 38.1 at each clinic.

Many thousands of letters requesting pamphlets and expressing a desire to assist in the conflict against venereal diseases have been received from various States. Twenty thousand druggists

have pledged themselves to refrain from selling nostrums for the treatment of venereal disease. Five thousand pledges not to publish advertisements of quack doctors have been received from newspapers. (*U. S. Public Health Report,* Jan. 31.)

VOCATIONAL, REHABILITATION FOR ALL PERSONS DISABLED

The Vocational Summary for January published an article in regard to Bill S. 4922, which has just been favorably reported to the Senate; we quote from it the following:

On December 26, 1918, the Committee on Education and Labor reported favorably the bill (S. 4922) providing for the promotion of vocational rehabilitation of persons disabled in industry or otherwise and their return to civil employment, and recommended that the bill, with certain minor amendments, be passed. In the field of vocational education, this bill provides for the initiation of a splendid social program.

It provides annual grants of Federal money to the States, to be matched by the States, dollar for dollar, this joint Federal and State fund to be expended under direction of the State Boards for Vocational Education. After the first year the amount of the annual Federal grant is fixed at $1,000,000. This amount, if fully utilized by the States and matched with State money, will provide a joint fund each year of $2,000,000, made available for the vocational training and placement at remunerative labor of all cripples in whatever way they have suffered disability.

Vocational education thus becomes by legislative enactment a means of salvaging and developing the man power of the Nation. More than this, it becomes an agency for promoting the welfare of that great army of the disabled whose annual recruits number hundreds of thousands. . . .

The hearings before the committee showed that each year a total of not less than three-quarters of a million casualties occur among our wageworkers in all occupations. This means that each year there are added to the army of the permanently disabled tens of thousands of new recruits. A conservative estimate seems to show that there are at the present time not less than 500,000 persons of working age who are suffering from permanent vocational handicaps.

MEDICAL BOARD TO SUPERVISE HEALTH OF MISSIONARIES

A medical department, under the direction of the Board of Foreign Missions, to guard the health efficiency of its missionary workers, has been established by the Methodist Episcopal Church in connection with its missionary centenary to raise $120,000,000

for general world upbuilding and the extension of its missionary work at home and abroad. No other church has organized such a department.

Dr. J. C. Vaughn, M. D., formerly of Nanchang, China, is executive secretary of the new department with temporary offices at the headquarters of the Missionary Centenary, 111 Fifth Avenue, New York. Missionaries on the field and on furlough will have the benefit of counsel from the new department, while all candidates will undergo their medical examinations from the physicians in charge. Hospitals are to be built in the five republics of South America, which, by inter-denominational agreement, have been placed under its supervision, by the Methodist Episcopal Church as a part of its Missionary Centenary program.

The Methodist Foreign Mission Board has engaged Miss Charlotte A. Aikens, editor of the Trained Nurse and Hospital Review (New York) to tour Argentina, Uruguay, Chile, Bolivia and Peru to study the needs of the field and the conditions which prevail there. After her report has been received the number and location of hospitals and health stations to be built in the five republics as part of the centenary program will be announced.

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A semester's work in practical public health nursing will be given for a period of eighteen weeks beginning April 28 and ending August 30, 1919.

The field work will cover tuberculosis, infant hygiene, communicable disease, school, factory and general visiting nursing.

Class discussions, special lectures and excursions will be given.

Students are encouraged to continue in the fall with the theoretical work thus completing the course, but those who cannot do so will have a practical working basis enabling them to do good public health work.

Tuition for the course is $62.50.
For further information apply to

Miss Cecilia A. Evans, Director of Course
2739 Orange Ave.

Training for Public Health Nursing in the South

The Virginia School of Social Work and Public Health offers a four months course in public health nursing beginning February 1, 1919. In co-operation with the Instructive Visiting Nurses Association, the Health Department, the Public School Nurses, and certain factories, opportunities for specialization in school, infant welfare, industrial, tuberculosis and general visiting nursing will be available.

Preparation for Rural Nursing.

Estimated total expenses for the four months course, $175 to $200. Several liberal scholarships covering tuition and living expenses also available.

For further information write the Director, 1112 Capitol Street, Richmond, Va.

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Nurses qualified by training and experience in public health nursing who prefer to work in a small town or rural district, may find splendid opportunities for such service through appointment as Red Cross public health nurses.

Arrangements for a four or eight months' post graduate preparatory course will be made by the Red Cross for nurses who have not had the necessary training or experience. Scholarship and loan funds are available for this purpose.

For details concerning courses and appointments apply to Director,

BUREAU OF PUBLIC HEALTH NURSING,
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